2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100192

Entity Name: A & A LAWN SERVICE, INC.

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 900 S.W. 87 AVENUE MIAMI, FL 33174 **Current Mailing Address: New Mailing Address:** 900 S.W. 87 AVENUE MIAMI, FL 33174 FEI Number: 65-0717692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOLEDO, HERIBERTO Q TOLEDO, LILIA 900 S.W. 87AVENUE 900 S.W. 87AVENUE MIAMI, FL 33174 MIAMI, FL 33174 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LILIA TOLEDO 01/22/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TOLEDO, HERIBERTO Q Name: Name: 900 SW 87 AVE Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: () Delete Title: **VPS** Title: () Change () Addition Name: TOLEDO, LILIA Name: 900 SW 87 AVE Address: Address: MIAMI, FL 33174 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition TOLEDO, HERIBERTO JR Name: TOLEDO, FERNANDO Name: 900 SW 87 AVE 900 SW 87 AVE Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174 Title: () Delete Title: () Change (X) Addition TOLEDO, JENNIFER N Name: Name: Address: Address: 900 SW 87 AVE City-St-Zip: City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIA TOLEDO VPS 01/22/2007