FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000007571 DOCUMENT # 1. Corporation Name

SPRINKIERS AND LANDSCAPING, INC. BENSON

Principal Place of Business

MIAMI, FL

9257 SW 146PL

Mailing Address

9257 SW 146PL

miami, FC 33186

May 17, 1999 8:00 am Secretary of State

05-17-1999 90043 035 ***150.00

DO NOT	WRITE	IM	THIS	SPACE

	,				Date Incorpora	ted or Qualifed		İ			
					01	-24-97					
2. Principal Pl	al Place of Business 2a. Mailing Address				4. FEI Number	4. FEI Number Applied I					
21		26			65-07	65-0722542 Not Ap					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			F C-44-4-4-4-5	atus Desired	\$8.75 A	dditional			
22		27		5. Certifcate of St	alus Desileu 🗀	Fee Re	quired				
City & State	& State City & State			6. Election Campa	aign Financing	\$5.00	Mav Be				
23	28			Trust Fund Cor	Trust Fund Contribution Added to Fees						
Zip	Country	Zip Country			8. This corporatio	8. This corporation owes the current year intangible					
24	25	29 30				Personal Property Tax.					
	9. Name and Address of Current	Registered Agent			10. Name and Ad	dress of New Registered	Agent				
PEDRO GUINTAND 20031 SW CORAL SEA ROAD MIAMI, FZ 33189			81	81 Name							
			00	82 Street Address (P.O. Box Number is Not Acceptable)							
ə (20031 SW CORAL SEA PORTO										
m	iam, Fi	35189	83	83							
***	12.00			ļ							
			84	City		FL	85 Zip C	ode			
44 Discount 4	to the provisions of Sections 607.0502	and CO7 1500 Florida Ctatuta	45.25				e]	ragintared			
office or re	egistered agent, or both, in the State of	Florida. Such change was aut	thorized by	the corp	oration's board of directors.	I hereby accept the appo	intment as reg	istered			
agent, I ar	n familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statutes					j			
SIGNATURE											
	Signature, typed or printed name of registered agent a			nt signature	required when reinstating)	DATE ANGES TO OFFICERS A	ND DIDECTOR	3C IN 42			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CH ₂	ANGES TO OFFICERS A	☐ Change	Addition			
TITLE	PRESIDENT	□ DELETE	1.1 TITLE				Change	Addition			
NAME	PEDRO BUINTANA 20031 SW CORAL	SEA ROAD	12 NAMÉ								
STREET ADDRESS	20031 300 00000	22.26	1.3 STREET	ADDRESS	•						
CITY-ST-ZIP	MIAMI, FL	23189	14 CITY-S	T-ZIP							
TITLE	TREASURER	DELETE	2.1 TITLE				☐ Change	Addition			
NAME	ROBERT KAISER 95 ST. 22N 23S		2.2 NAME								
STREET ADDRESS	15435 S.W. 2.93 ST.		2.3 STREET	FADDRESS							
CITY-ST-ZIP	miami, FC.	33033	2.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	3.1 TITLE	-		,	Change	Addition			
NAME			32 NAME								
STREET ADDRESS			3.3 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY-S								
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition			
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS							
CITY-ST-ZIP			4.4 CITY-S1								
TITLE		☐ DELETE	51 TITLE	1-ZIF			Change	Addition			
NAME		_ DELETE	5.2 NAME								
			5.3 STREET	ADDRESS							
STREET ADDRESS			5.4 CITY-S1								
CITY-ST-ZIP		□ DELETE	6.1 TITLE	1-4IF			Change	Addition			
TITLE		□ NECE IE	6.2 NAME				□ change	☐ Addition			
NAME											
STREET ADDRESS			6.3 STREET								
CITY-ST-ZIP			6.4 CITY-ST	-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is type and accurate and that my 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 of trustee englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on/an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PEDRO BUINTANA - PRESIDENT