## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 04, 2005 8:00 am Secretary of State 05-04-2005 90189 017 \*\*\*150.00 **DOCUMENT # P97000010592** GREEN GRASS LAWN SERVICE, INC. Principal Place of Business Mailing Address 50048584 1961 N.E. 187 DR. NORTH MIAMI BEACH, FL 33179 US P.O. BOX 630426 NORTH MIAMI BEACH, FL 33162 CR2E034 (10/03) 04292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0724233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAMSJO, LUIS H 1961\_N.E. 187 DR. N MIAMI BEACH, FL 33179 DO NOT WRITE IN THIS SPACE 8. 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. I am familiar with, and accept SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GRAMAJO, LUIS M 1961 N.E. 187 DR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**