

**FOR PROFIT CORPORATION
ANNUAL REPORT**


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FILED

11 JUN -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000010592**
1. Entity Name
Green Grass Lawn Service Inc.



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2. Principal Place of Business - No P.O. Box #
1961 NE 187th Dr.
Suite, Apt. #, etc.

3. Mailing Address
1961 NE 187th Dr.
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State **MIAMI, FL**

City & State **MIAMI - FL**

4. FEI Number **650724233**

Applied For
Not Applicable

Zip **33179**

Country

Zip **33179**

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **LUIS M GRAMAJO**

Street Address (P.O. Box Number is Not Acceptable)

1961 NE 187th St.

City **MIAMI** FL Zip Code **33179**

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____

January 1 - May 1: Fee is \$180.00
After May 1: Fee is \$560.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

E-mail Address:
besttax1040@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME **P LUIS M GRAMAJO**
STREET ADDRESS **1961 NE 187th St.**
CITY-ST-ZIP **MIAMI - FL 33179**

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05/04/11--01036--002 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE: **Luis M Gramajo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/11 786-426-5086
DATE Daytime Phone #