

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014746

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** A PERFECT CUT LANDSCAPE AND LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

13600 NW 4 ST  
APT 103  
HOLLYWOOD, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.L. BOX 826242  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

13600 NW 4 ST  
APT 103  
HOLLYWOOD, FL 33028 US

FEI Number: 65-0750685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEJANDRO, DE LEON  
385 SW 122ND TERR  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DE LEON, ALEJANDRO  
Address: 385 SW 122ND TERR  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: ALEJANDRO DE LEON

P

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date