

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000017622



Entity Name  
**DE'S LANDSCAPING, INC.**

Principal Place of Business  
**10344 NW 128TH TERR.  
HIALEAH, FL 33016**

Mailing Address  
**10344 NW 128TH TERR.  
HIALEAH, FL 33016**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0731041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RIVERA, SOFIA  
10344 NW 128TH TERR.  
HIALEAH, FL 33016**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

110000396431  
01/30/06-80011-022 150.00

**OFFICERS AND DIRECTORS**

NAME	DST
ADDRESS	RIVERA, SOFIA
CITY-ST-ZIP	10344 NW 128TH TERR. HIALEAH, FL 33016
NAME	
ADDRESS	
CITY-ST-ZIP	
NAME	
ADDRESS	
CITY-ST-ZIP	
NAME	
ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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.

SIGNATURE: Sofia Rivera \_\_\_\_\_  
DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR