2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

· ANNUAL REPORT							Secretary of State				
DOCUMENT # P98000018763							}	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		
1. Entity Name LANDY LAND SURVEYORS, INC.											
Principal Plac	a of Rusines			laition Address			-				
Principal Place of Business 10551 SW 7TH TERR				Mailing Address 10551 SW 7TH TERR							
MAM, FL 33174				MIAMI, FL 33174			, Handell (täite lääna koluus o	השלשל הר ל ושיי אונה
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02272006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb			\	oplied For ot Applicable
Zip	Country			Zip Coun		ntry	5. Certificate	of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent						Name	7. Name an	d Address of New F	egistered	Agent	
HERNANDEZ, LAZARO O											
10551 SW 7TH TERR. MIAMI, FL 33174					Street Address (P.O. Box Numb	per is Not Acceptable	₽} - -			
{						City			FI	Zip Cod	fe -
8. The above	named entit	v submits this statement	for the	nurgose of changing its	renisten	ed office or register	red anent or ho	oth in the State of Flo		-	and accept
 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 tamiliar with, and accept the obligations of registered agent. 											
SIGNATURE											
Significally paped or printed name of registered agent and title if appricable (NOTE, Repústered Agent signature required when reinstating) DATE											
FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 S. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AN	O DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	DIRECTOR	S IN 11
TITLE NAME	PD HERNANDEZ, LAZARO O			Delete TITLE NAME				uanaa	7. P. J. W. B.A	☐ Change	Addition
STREET ADDRESS 10551 SW 7TH TERR.					ET ADDRESS	######################################					
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THE				☐ Delete	tace					☐ Change	☐ Addition
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City-St-Zip	7-ZUP					-S1-Z1P					
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NAME STREET ADDRESS					NAM! STRE	E Et address					
City-St-119					•	-\$1-Z(P					
TOTALE				☐ Delete	Title		 _			Change	☐ Addition
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CITY-ST-ZIP						et address -St-219					1
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NAME					NAME						-
STREET ADDRESS City-St-Zip						ET ADDRESS -ST-ZIP					Ì
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAME	•)					
STREET ADDRESS }					•	ET ADDRESS ST-ZIP					{
12. I hereby cently 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 Block 11 if											
of the corporation of 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 Block 11 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 Date Owners Proper											
SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oxygens Prome 1											