PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # Pagananagaga

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90086 026 ***150.00

Corporation SHORTY	'S LAWN SERVICE, INC.	022000		
Principal Place	e of Business	Mailing Address	·	- 114911481 (19 1919) 18(1) 49(1) 48(1) 48(1) 48(4) 18(4) 18(4) 18(4) 48(4)
5940 SW 102ND AVENUE 5940 SW 102ND AVENUE				
MIAMI FL 33173 MIAMI FL 33173				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				03/10/1998
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0819299 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		27		1 of Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	0	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	81 Nam	10. Name and Address of New Registered Agent
RUG	AMA, JUAN		L I IVAIII	
5940 SW 102ND AVENUE			82 Stree	et Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33173			83	
			84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the above-name	ad corporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzed by the co.	reporation's board of directors. I hereby accept the appointment as registered
	JUAN RUGA		7_1	1/27/99
SIGNATURE	Signature, typed or printed name of registered ager		egistered Agent signatur	re required the valinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DÉLETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUGAMA, JUAN		1.2 NAME	
STREET ADDRESS	5940 SW 102ND AVENUE		1.3 STREET ADDRES	SS
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE	Change D Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	SS
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
TITLE			3.2 NAME	
NAME			3.3 STREET ADDRES	222
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP	~
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	ss
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	SS
CITY-ST-ZIP			5.4 CiTY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	SS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE