

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000085842

1. Entity Name  
DEPENDABLE LANDSCAPING CORP.



**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
11741 SOUTHWEST 26TH TERRACE  
MIAMI, FL 33175

Mailing Address  
11741 SOUTHWEST 26TH TERRACE  
MIAMI, FL 33175



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0867926

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROMERO, JAVIER  
11741 SW 26 TERRACE  
MIAMI, FL 33175

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMERO, JAVIER
STREET ADDRESS	11741 SW 26 TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UP0000144526  
04/30/04-80134-014 150.00

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #