

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90167 036 ***150.00

DOCUMENT # P98000085842

1. Entity Name
DEPENDABLE LANDSCAPING CORP.



Principal Place of Business

**5132 SW 140 PLACE
MIAMI, FL 33175**

Mailing Address

**5132 SW 140 PLACE
MIAMI, FL 33175**

2. Principal Place of Business - No P.O. Box #

11741 SW 26 TERRACE

3. Mailing Address

11741 SW 26 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04092008 Chg-P CR2E034 (12/06)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0867926

Applied For

☐ Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **ROMERO, JAVIER**
STREET ADDRESS **5132 SW 140 PLACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **VP** ☒ Delete
NAME **ECHIVARRIA, MAGDALENA**
STREET ADDRESS **5132 SW 140 PLAVE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **ROMERO, JAVIER**
STREET ADDRESS **5132 SW 140 PLACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

☒

4/28/08

Date

Daytime Phone #