

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089955

1. Entity Name  
BEST LAWN MAINTENANCE OF SOUTH FLORIDA CORP.



Principal Place of Business  
8211 NORTHWEST 47TH COURT  
LAUDERHILL, FL 33351

Mailing Address  
8211 NORTHWEST 47TH COURT  
LAUDERHILL, FL 33351

FILED

05 DEC 22 PM 3:16

SECRET  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



08142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0872054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, SPIEGEL & UTRERA, P.A.

SIGNATURE *Natalia Utrera / ms.* Natalia Utrera, Vice President

12/19/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

900060315549  
10/06/05--01068--021 \*\*558.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
FRIEDRICH, ROBERT G  
8211 NORTHWEST 47TH COURT  
LAUDERHILL, FL 33351

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900060315549  
01/19/06--01011--011 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT 05**

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: *Robert Friedrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05

Date

954-746-1850

Daytime Phone #