2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050014 04-27-2006 90168 008 ***150.00 1. Entity Name ALFONSO & ALFONSO LANDSCAPING, CORP. Principal Place of Business Mailing Address 7521 SW 142 AVE 7521 SW 142 AVE MIAMI, FL 33183 MIAMI, FL 33183 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03222006 Chg-P Applied For City & State City & State 4. FEI Number 65-0957136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALFONSO; JUSTO A Street Address (P.O. Box Number is Not Acceptable) 7521 S.W. 142 AVE. MIAMI, FL 33183 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** ☐ Delete TITLE ☐ Change 🔀 Addition TITLE Treasure ALFONSO, JUSTO A NAME NAME Justo O. Alfonso STREET ADDRESS STREET ADDRESS 7521 S.W. 142 AVE. 7521 SW 142 Ave Miamii, F1.33183 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP_ CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 our ustee empowered to execute his 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 SIGNATURE: 🚣

FILED

Apr 27, 2006 8:00 am Secretary of State