

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

DOCUMENT# P99000069963

1. Entity Name  
CHOLO'S LANDSCAPE, INC.



07-13-2004 90008 010 \*\*\*150.00  
08-06-2004 90001 006 \*\*\*408.75

Principal Place of Business  
12500 SW 51 ST  
MIAMI, FL 33175

Mailing Address  
12500 SW 51 ST  
MIAMI, FL 33175

**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0939650

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

ORTA, JORGE  
3873 SW 133RD PLACE  
MIAMI, FL 33175

**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.

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ORTA, JORGE  
STREET ADDRESS 3873 SW 133RD PLACE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE SD  
NAME DIAZ-ORTA, ELENA  
STREET ADDRESS 3873 SW 133RD PLACE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Elena Diaz-Orta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #