

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000096232

1. Entity Name
EL TRAPICHE MOWING SERVICES, INC.



FILED
05 FEB 10 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17220 SW 301 ST.
HOMESTEAD, FL 33030

Mailing Address
17220 SW 301 ST.
HOMESTEAD, FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0955414

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMEZQUITA, JUAN M
17220 SW 301 ST.
HOMESTEAD, FL 33030

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME AMEZQUITA, JUAN M
STREET ADDRESS 17220 SW 301 ST.
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JUAN AMEZQUITA
STREET ADDRESS 17220 SW 301 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE D ☐ Delete
NAME MONTES, ENRIQUE
STREET ADDRESS 1657 SW 2 COURT
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE SECRETARY ☒ Change ☐ Addition
NAME ENRIQUE MONTES
STREET ADDRESS 1657 SW 2 COURT
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE P ☒ Delete
NAME AMEZQUITA, ROSA
STREET ADDRESS 17220 SW 301 STREET
CITY-ST-ZIP HOMESTEAD, FL 33030

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200046893682
STREET ADDRESS 02/21/05--01006--006 **\$61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Suan Amezquita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

305-345-1976

Daytime Phone #

305-247-1321