

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90425 048 \*\*\*150.00

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02232005 Chg-P CR2E034 (10/03)

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|--|--|--|---|
| DOCUMENT # P99000099013  |  |  |   |
| 1. Entity Name<br>AVENTURA LANDSCAPE CONTRACTORS, INC.   |  |  |   |
| Principal Place of Business<br>19521 E OAKMONT DR.<br>HIALEAH, FL 33013  |  | Mailing Address<br>P.O. BOX 668665<br>MIAMI, FL 33166  |   |
| 2. Principal Place of Business<br>15476 NW 77 Ct<br>Suite, Apt. #, etc. #301   |  | 3. Mailing Address<br>Same   |   |
| City & State<br>Miami Lakes, FL  |  | City & State   |   |
| Zip<br>33016   |  | Country<br>USA   |   |
| 4. FEI Number<br>65-0960455  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>LINARES, OLYMPIA<br>6911 MAIN STREET<br>SUITE 204<br>MIAMI LAKES, FL 33014  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                     |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>LINARES, ALDO<br>19521 EAST OAKMONT DR<br>MIAMI, FL 33015 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 an other like empowered. |  |  |   |
| SIGNATURE: _____   |  | Date: 4/27/05  |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #  |   |