

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90102 012 ***158.75

DOCUMENT # V06449

1. Entity Name
ARTISTIC LANDSCAPING CORP.



Principal Place of Business

22801 SW 214 AVE
MIAMI, FL 33170 US

Mailing Address

22801 SW 214 AVE
MIAMI, FL 33170 US



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0305691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, F. IRMA
22801 SW 214 AVENUE
MIAMI, FL 33170

**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

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

(NOTE: Registered Agent signature required when reinstating)

04-16-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GOMEZ, F. IRMA
STREET ADDRESS 22801 SW 214 AVENUE
CITY - ST - ZIP MIAMI, FL 33170

TITLE D
NAME GOMEZ, RENE G
STREET ADDRESS 22801 SW 214 AVENUE
CITY - ST - ZIP MIAMI, FL 33170

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IN THIS SPACE**

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 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:

F. Irma Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-06
Date

Daytime Phone #