


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90346 025 ***150.00

DOCUMENT # P03000069867			
1. Entity Name LAGO LAWN MOVERS INC. <i>LAGO LAWN MOVERS, Inc.</i>			
Principal Place of Business 8725 NW 117 ST HIALEAH GARDENS, FL 33016		Mailing Address 8725 NW 117 ST HIALEAH GARDENS, FL 33016	
2. Principal Place of Business <i>8725 NW 117 ST.</i>		3. Mailing Address <i>8725 NW 117 ST.</i>	
Suite, Apt. #, etc. <i>Bay 18</i>		Suite, Apt. #, etc. <i>Bay 18</i>	
City & State <i>HIALEAH GARDENS FL</i>		City & State <i>HIALEAH GARDENS</i>	
Zip <i>33018</i>	Country <i>DADE</i>	Zip <i>33018</i>	Country <i>DADE</i>
6. Name and Address of Current Registered Agent SOSA, NORA E 8725 NW 117 ST HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name <i>SOSA, NORA E</i> Street Address (P.O. Box Number is Not Acceptable) <i>8808 NW 110 ST.</i> City <i>HIALEAH GARDENS</i> FL Zip Code <i>33018</i>	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SOSA, NORA E 8725 NW 117 ST HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOSA, NORA E 8808 NW 110 ST HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAGO, LUIS 8725 NW 117 ST HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAGO, LUIS 8808 NW 110 ST HIALEAH GARDENS, FL 33018 <input checked="" 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 all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/28/04</i> 705826-2606 Daytime Phone #	