

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069867

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAGO LAWN MOWERS INC.

Current Principal Place of Business:

8901 NW 116 STREET
103
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

8901 NW 116 STREET
103
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 74-3096830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAGO, LUIS
8808 NW 110 ST
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAGO, LUIS
Address: 8808 NW 110 ST
City-St-Zip: HIALEAH, FL 33018

Title: VPD () Delete
Name: LAGO, NORA E
Address: 8808 N.W. 110TH STREET
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA E LAGO

VPD

03/26/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date