

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088583

**Entity Name:** MASTER LANDSCAPING & LAWN CARE INC

**Current Principal Place of Business:**

652 N. VOLUSIA AVENUE  
PIERSON, FL 32180

**Current Mailing Address:**

P. O. BOX 534  
PIERSON, FL 32180

**FEI Number:** 26-0664873

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AVELLANEDA, ARCADIO  
652 N. VOLUSIA AVENUE  
PIERSON, FL 32180 US

*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

**Officer/Director Detail :**

Title P  
Name AVELLANEDA, ARCADIO  
Address P. O. BOX 534  
City-State-Zip: PIERSON FL 32180

Title VP  
Name MOTA, MARIA  
Address P. O. BOX 534  
City-State-Zip: PIERSON FL 32180

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARCADIO AVELLANEDA

**PRESIDENT**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date