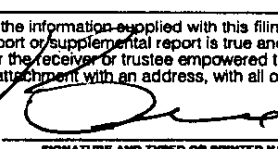


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90061 032 ***150.00

DOCUMENT # 492206 1. Entity Name SELECTIVE LANDSCAPE COMPANY					
Principal Place of Business 14100 SW 182 AVE MIAMI, FL 33196 US			Mailing Address 14100 SW 182 AVE MIAMI, FL 33196 US		
2. Principal Place of Business 14650 SW 177 AVE Suite, Apt. #, etc.		3. Mailing Address 14650 SW 177 AVE Suite, Apt. #, etc.			
City & State MIAMI, FL Zip 33196 Country US		City & State MIAMI, FL Zip 33196 Country US		4. FEI Number 59-1633946	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ORTEGA JR, BERNARDO 14100 SW 182ND AVE MIAMI, FL 33196			7. Name and Address of New Registered Agent Name ORTEGA JR, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 14650 SW 177 AVE City MIAMI FL Zip Code 33196		
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ORTEGA, MARTA 14100 SW 182 AVE MIAMI, FL	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, BERNARDO, JR. 14100 SW 182 AVE MIAMI, FL	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BERNIE ORTEGA			
Date 2/10/6		Daytime Phone # 305 300 2738			