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	Mailing Address
14100 SW 182 AVE MIAMI, FL 33196 US	14100 SW 182 AVE MIAMI, FL 33196 US

02122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
14650 SW 177 AVE		14650 SW 177 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33196	Country: US	Zip: 33196	Country: US

4. FEI Number 59-1633946 ☐ Applied For ☐ Not Applicable

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

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 __________
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, 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	VPS	☐ Delete	TITLE	VPS	☒ Change ☐ Addition
NAME	ORTEGA, MARTA		NAME	ORTEGA, MARTA	
STREET ADDRESS	14100 SW 182 AVE		STREET ADDRESS	14650 SW 177 AVE	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL. 33196	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ORTEGA, BERNARDO, JR.		NAME	ORTEGA, BERNARDO, JR	
STREET ADDRESS	14100 SW 182 AVE		STREET ADDRESS	14650 SW 177 AVE.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL. 33196	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BERNIE ORTEGA 2/10/6 305 300 2738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #