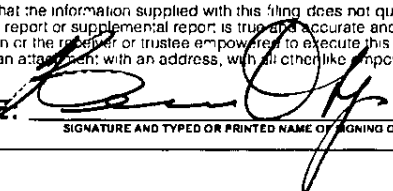


FILED
Apr 16, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 492206		
1. Entity Name SELECTIVE LANDSCAPE COMPANY		
Principal Place of Business 14650 SW 177 AVE MIAMI, FL 33196 US		Mailing Address 14650 SW 177 AVE MIAMI, FL 33196 US
		
04122008 No Chg-P CR2E034 (11/05)		
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 14650 SW 177 AVE MIAMI, FL 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 registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS ORTEGA, MARTA 14650 SW 177 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ORTEGA, BERNARDO, JR. 14650 SW 177 AVE MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-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 trustee 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 attached sheet with an address, with all other like empowered.		
SIGNATURE: 		BERNIE ORTEGA 4.12.8 786 242 4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #