


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 007 ***150.00

DOCUMENT # P0000027936

1. Entity Name
GUS LAWNS & LANDSCAPING, INC.



Principal Place of Business Mailing Address

3510 WEST HILLSBORO BLVD 3510 WEST HILLSBORO BLVD
 APT #102 APT #102
 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

2. Principal Place of Business 3. Mailing Address

11921 Donlin Dr. 11921 Donlin Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Wellington, FL Wellington, FL

Zip Zip Country Country

33414 US 33414 US

03112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0990658 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, GUSTAVO
 3510 WEST HILLSBORO BLVD
 APT. # 102
 COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name

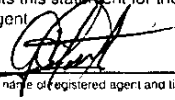
Street Address (P.O. Box Number is Not Acceptable)

11921 Donlin Dr.

City State Zip Code

Wellington FL 33414

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:  DATE: 4/01/05

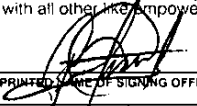
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, GUSTAVO	NAME	
STREET ADDRESS	3510 WEST HILLSBORO BLVD	STREET ADDRESS	11921 Donlin Drive
CITY - ST - ZIP	COCONUT CREEK, FL 33073	CITY - ST - ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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 info empowered.

SIGNATURE:  DATE: 4/01/05 DAYTIME PHONE #: (813) 410-1874

Signature and typed or printed name of signing officer or director Date Daytime Phone #