2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2004 8:00 am Secretary of State DOCUMENT # P02000070830 1. Entity Name 01-20-2004 90042 040 ***150.00 TWO LANDSCAPING, INC. Mailing Address Principal Place of Business **4332 SW 78TH DRIVE** 4332 SW 78TH DRIVE DAVIE, FL 33328 . **DAVIE, FL 33328** 2. Principal Place of Business 3. Mailing Address SHI 5+R 5993 SW 5993 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State DAVIE Applied For 4. FFI Number City & State 04-3699243 DAVIE Not Applicable Broward \$8.75 Additional Country 5. Certificate of Status Desired BROWARD Fee Required 33314 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 2 AMIRO ARISTIZABA ARISTIZABAL, RAMIRO Street Address (P.O. Box Number is Not Acceptable) **4332 SW 78TH DRIVE DAVIE, FL 33328** 43 SW Str 5.993 Davie 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Defete TITLE ARISTIZABAL, RAHIRO PTD TITLE ARISTIZABAL, RAMIRO NAME 5993 SW 43 STR NAME 4332 SW 78TH DRIVE STREET ADDRESS STREET ADDRESS Davie, F1 33314 CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL. 33328** ARistizabal, Magda aD Change ☐ Addition TITLE Delete TITLE ARISTIZABAL, MAGDA NAME 5993 SW 43 STA NAME STREET ADDRESS **4332 SW 78TH DRIVE** STREET ADDRESS Davie, Fl 33314 CITY- ST-ZIP CITY-ST-ZIP **DAVIE, FL 33328** Aristizabal, Ximena VTD Addition ☐ Delete TITLE TITLE NAME NAME 5993 SW 43-5+2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplier ental 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 of 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 attacl address, with all other like empowered. SIGNATURE: Ramiro Anistizaba

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