


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070830
1. Entity Name
TWQ LANDSCAPING, INC.



Principal Place of Business Mailing Address
5993 SW 43 STREET 5993 SW 43 STREET
DAVIE, FL 33314 DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3699243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARISTIZABAL, RAMIRO
5993 SW 43 STREET
DAVIE, FL 33314

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

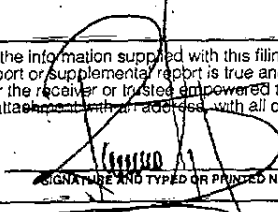
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARISTIZABAL, RAMIRO 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARISTIZABAL, MAGDA 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARISTIZABAL, XIMERA 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 both attached with all other like empowered.

SIGNATURE:  **Ramiro Aristizabal** 04-08-05 954-792-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #