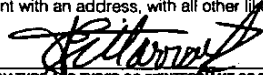


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 040 ***150.00

DOCUMENT # P03000004830 1. Entity Name E.V. LAWN CARE, INC.					
Principal Place of Business 3961 NW 67 AVE., #4 VIRGINIA GARDENS, FL 33166			Mailing Address 3961 NW 67 AVE., #4 VIRGINIA GARDENS, FL 33166		
2. Principal Place of Business 440 Oriole Avenue		3. Mailing Address 440 Oriole Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Springs, FL		City & State Miami Springs, FL		4. FEI Number 16-1648456	
Zip 33166		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLARROEL, EDUARD 438 ORIOLE AVE MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name Villarroel, Eduard Street Address (P.O. Box Number is Not Acceptable) 440 Oriole Ave Miami Springs, FL 33166 City FL Zip Code			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLARROEL, EDUARD 438 ORIOLE AVE MIAMI SPRINGS, FL 33166 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Villarroel Eduard 440 Oriole Ave Miami Springs, FL 33166 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 life empowered.					
SIGNATURE: 			04-22-05 786-306-9721		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		