2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000057888** 03-25-2004 90048 014 ***150.00 1. Entity Name TROPICUTS LANDSCAPING INC. Principal Place of Business Mailing Address 234 EVERNIA STREET JUPITER FL 33458 234 EVERNIA STREET 6641265U JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address O hox Suita, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For Not Applicable x1-23582955 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Re 7. Name and Address of New Registered Agent Name PEREZ, JUAN V Street Address (P.O. Box Number is Not Acceptable) 234 EVERNIA STREET JUPITER FL 33458 City 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 regis SIGNATURE arns of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE HOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TVan V Addition TITLE Change NAME NAME 234 EVernia STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gerson Giron ☐ Delete Change TITLE Addition NAME NAME 234 Evernia St STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TILE Chance Addition MAKE 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, if 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 SIGNATURE: X

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