

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2006 08:00 AM  
Secretary of State

|                                                                                                                                                                                                                               |                                                                             |                                                                       |                                                       |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000044372</b><br>1. Entity Name<br><b>MORALES LANDSCAPING &amp; PROPERTY MAINTENANCE, INC.</b>                                                                                                               |                                                                             |                                                                       |                                                       |                                 |  |
| Principal Place of Business<br><b>9427 SW 3RD ST<br/>BOCA RATON FL 33428-4419</b>                                                                                                                                             |                                                                             | Mailing Address<br><b>9427 SW 3RD ST<br/>BOCA RATON FL 33428-4419</b> |                                                       |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                             | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                       |                                |  |
| City & State                                                                                                                                                                                                                  |                                                                             | City & State                                                          |                                                       | 4. FEI Number <b>34-1985477</b>                                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                                                             | Country                                                               |                                                       | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORALES, JOSE R<br/>9427 SW 3RD ST<br/>BOCA RATON FL 33428-4419</b>                                                                                                 |                                                                             |                                                                       |                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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. |                                                                             |                                                                       |                                                       | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                  |                                                                             |                                                                       |                                                       |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                             |                                                                       |                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 Max. Added to Fee</b>  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                             |                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br><b>MORALES, JOSE R<br/>9427 SW 3RD ST<br/>BOCA RATON FL 33428-4419</b> |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Change Add<br><b>05/02/06-80034-001 158.75</b>                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR