2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Mar 14, 2006 8:00 am **DOCUMENT # P05000120821 Secretary of State** 1. Entity Name 03-14-2006 90025 018 ***150.00 S & N SOD INC. Principal Place of Business Mailing Address 1963 SW 24 AVE OKEECHOBEE FL 34974 P.O.BOX 2614 OKEECHOBEE FL 34973 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 79-38/6 302 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALDONADO, NELI Street Address (P.O. Box Number is Not Acceptable) 1963 SW 24 AVE OKEECHOBEE FL 34974 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 registered agent. SIGNATURE Signature, typed or ported name of registered agent and title it applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THUE ☐ Delete TITLE ☐ Change Addition GONZALEZ, JOSUE STREET ADDRESS 1963 SW 24 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 TITLE ☐ Delete TITLE Change ☐ Addition NAME RODRIGUEZ, SOBEIDA MAME STREET ADDRESS 1963 SW 24 AVE STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Delete Change fillf Addition TITLE NAME MALDONADO, NELI STREET ADDRESS STREET AODRESS 1963 SW 24 AVE CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 exemptions contained in Section 119, Florida Statutes. I further certify that the information Interest definition and information supplies with this interest and the properties contained an executive 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. Soberida Radwijvez

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