


FILED
Jun 22, 2007 8:00 am
Secretary of State

05-07-2007 90070 049 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000029305
 1. Entity Name
M.R.B. LANDSCAPE & MAINTENANCE, CORP.



Principal Place of Business 575 E 16TH ST HIALEAH, FL 33010	Mailing Address 575 E 16TH ST HIALEAH, FL 33010
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66019636



2. Principal Place of Business - No P.O. Box # 316 EAST 4 STREET	3. Mailing Address 316 EAST 4 STREET
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4

04302007 Chg-P CR2E034 (12/06)

City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33010	Zip 33010
Country	Country

4. FEI Number 20-4407306	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERO, MICHEL 575 E 16TH ST HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name RIVERO, MICHEL Street Address (P.O. Box Number is Not Acceptable) 316 EAST 4 STREET #4 City HIALEAH FL Zip Code 33010
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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 _____ DATE _____
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent's signature is required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RIVERO, MICHEL STREET ADDRESS 575 E 16TH ST CITY-ST-ZIP HIALEAH, FL 33010	<input type="checkbox"/> Delete	TITLE P NAME RIVERO, MICHEL STREET ADDRESS 316 EAST 4 STREET #4 CITY-ST-ZIP HIALEAH, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michel Rivero MICHEL RIVERO 6/18/07 (207) 331-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #