


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90106 031 ***150.00

DOCUMENT # F42265

1. Entity Name
ENVIROSCAPES, INC.



40004694



01182007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
C/O VAN MARTIN **PO BOX 693389**
12677 S. DIXIE HIGHWAY **MIAMI, FL 33269-3389 US**
MIAMI, FL 33156 US

2. Principal Place of Business - No P.O. Box # **20050 NE 15 COURT** 3. Mailing Address

Suite, Apt. #, etc.

City & State **MIAMI, FLA** City & State

Zip **33179** Country **MIA-DADE** Zip Country

4. FEI Number **65-0170725** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

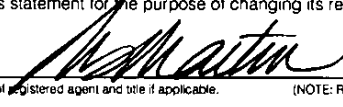
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MARK, DREW
12677 SOUTH DIXIE HWY
MIAMI, FL 33156

Name **MARK D. MARTIN**
 Street Address (P.O. Box Number is Not Acceptable)
20050 NE 15th COURT
 City **MIAMI** FL **33179**

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  DATE **1/18/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PD MARTIN, MARK DREW 12677 S. DIXIE HIGHWAY MIAMI, FL <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 | D VAN, MARTIN 12677 SOUTH DIXIE HIGHWAY MIAMI, FL <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 | SD COLANGELO, MICHELLE 3389 SHERIDAN STREET, 477 HOLLYWOOD, FL 33021 <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 | D MARTIN, DREW A P 3389 SHERIDAN STREET, 477 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  DATE **1-18-07** DAYTIME PHONE # **305279-9914**