

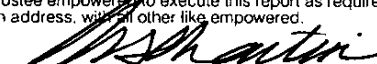


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90025 042 ***150.00

DOCUMENT # F42265			
1. Entity Name ENVIROSCAPES, INC.			
Principal Place of Business 20056 NE 15 COURT MIAMI, FL 33179 US		Mailing Address PO BOX 693389 MIAMI, FL 33269-3389 US	
2. Principal Place of Business - No P.O. Box # 532 NE 199 TER		3. Mailing Address 19821 NW 2ND AVE, PMB 444	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIA. GARDENS, FL.	
Zip 33179		Zip 33169	
Country USA		Country USA	
4. FEI Number 65-0170725		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, MARK, DREW 20056 NE 15 COURT MIAMI, FL 33179		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
19821 NW 2ND AVE PMB 444 MIAMI GARDENS, FL. 33169			
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 3-28-08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 G. DIXIE HIGHWAY MIAMI, FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 19821 NW 2ND AVE PMB 444 MIAMI GARDENS, FL. 33169
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 2401 DOUGLAS ROAD MIAMI, FL. 33145
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
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: 		MARK D. MARTIN 305-279-974	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-28-08 Daytime Phone #	