

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G12583

FILED
Oct 22, 2009
Secretary of State**Entity Name:** ELAN LAWN AND LANDSCAPE SERVICES, INC.**Current Principal Place of Business:**800 POINCIANA DR
PEMBROKE PINES, FL 33025**New Principal Place of Business:****Current Mailing Address:**800 POINCIANA DR
PEMBROKE PINES, FL 33025**New Mailing Address:****FEI Number:** 59-2296967**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARCUS, ALAN J ESQ.
20803 BISCAYNE BLVD
SUITE 301
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: ZVI RAFILOVICH

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVITAN, AVI
Address: 800 POINCIANA DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VPS (X) Delete
Name: KESSELMAN, ARIEL
Address: 800 POINCIANA DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP () Delete
Name: GOZLAN, YORAM
Address: 800 POINCIANA DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP () Delete
Name: AVITAN, ODED
Address: 800 POINCIANA DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZVI RAFILOVICH CPA

RA

10/22/2009

Electronic Signature of Signing Officer or Director

Date