2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# L02000024488

Entity Name: PARADISE HOME & GARDEN CARE, LLC

Current Principal Place of Business:

10210 NW 57 STREET
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10210 NW 57 STREET
DORAL, FL 33178

New Mailing Address:

FEI Number: 52-2378808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOLINA, MIGUEL A
10210 NW 57 STREET
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARIA ISABEL CASTRIL, LON
Address: 10210 NW 59 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete
Name: MOLINA, MIGUEL A
Address: 10210 NW 59 STREET
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARIA ISABEL CASTRIL, LON
Address: 10210 NW 57 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Change ( ) Addition
Name: MOLINA, MIGUEL A
Address: 10210 NW 57 STREET
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIGUEL MOLINA MGR 07/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date