


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L77502**

1. Entity Name  
**LANDSCAPE BY SYLVIA GORDON, INC.**



Principal Place of Business      Mailing Address

11390 S.W. 93RD STREET      11390 S.W. 93RD STREET  
 MIAMI, FL 33176                  MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**



01062008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0207162**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SYLVIA GORDON**  
 11390 SW 93 ST  
 MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

*Sylvia Gordon* / 08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing -- Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GORDON, SYLVIA 11390 S.W. 93RD STREET MIAMI, FL
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 04/10/08-80092-004 150.00

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: *Sylvia Gordon*      3/26/08      305 596 4290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #