


FILED
Apr 13, 2005 08:00 AM
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000008267
1. Entity Name
UNITED LANDSCAPERS ASSOCIATION, INC.



Principal Place of Business **Mailing Address**
8511 SW 27 TERRACE 8511 SW 27 TERRACE
MIAMI, FL 33155 MIAMI, FL 33155



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0650053 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, LUIS
8511 SW 27 TERRACE
MIAMI, FL 33155

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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) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, LUIS
STREET ADDRESS	8511 SW 27 TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VD
NAME	VALDES, ANTHONY
STREET ADDRESS	4915 SW 102 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	TD
NAME	SALAS, MIGUEL
STREET ADDRESS	1080 NW 128 COURT
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VD
NAME	BERMUDEZ, PEDRO
STREET ADDRESS	9325 SW 43RD TERRACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VD
NAME	QUESADA, EDGAR
STREET ADDRESS	15391 SW 143 AVENUE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000303121
04/13/05-80098-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: _____ **4/11/05** **Date** **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR