2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

Entity Name BOZA LA Principal Place	NDSCAPING, INC. De of Business 19TH AVENUE	Mailing Address 5910 SW 109TH AVENUE MIAMI, FL 33173		Secretary of State
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BOZA, CARLOS E 5910 SW 109TH AVENUE MIAMI, FL 33173			04302004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-1026591 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 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 Statement of registered agent and the it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. DATE				
TD. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BOZA, CARLOS E 5910 SW 109TH AVENUE MIAMI, FL 33173	RECTORS		U00000153316 U5/04/04-80123-002 I50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.				