2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 07, 2005 8:00 am **Secretary of State DOCUMENT # P01000004378** 1. Entity Name 02-07-2005 90068 045 ***150.00 MOISES GONZALEZ LAWN SERVICES, INC. Principal Place of Business Mailing Address 6524 RAMBLEWOOD CIRCLE 6524 RAMBLEWOOD CIRCLE 40014104 LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business, 3. Mailing Address and Rd. 5936 5984 2nd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State ake Worth 65-1078890 Lake Worth Not Applicable Country Zip 33467 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, ISELA Street Address (P.O. Box Number is Not Acceptable) 6524 RAMBLEWOOD CIRCLE LAKE WORTH FL 33467 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE TITLE Addition ☐ Delete NAME GONZALEZ, MOISES NAME Lake weath F1 33467 5936 and. Rd STREET ADDRESS STREET ADDRESS 6524 RAMBLEWOOD CIR CITY-ST-ZIP CITY-ST-7/P LAKE WORTH FL 33467 TITLE ☐ Delete TITLE Addition NAME GONZALEZ, ISELLA NAME 6524 RAMBLEWOOD CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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

G OFFICER OR DIRECTOR

FILED

2-2-05 561-641-8979

Date Dayring Phone #