

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000005363

**FILED**  
**Jun 23, 2006**  
**Secretary of State**

**Entity Name:** QUALITY LANDSCAPING AND LAWN SERVICES INC.

**Current Principal Place of Business:**

456 SW 14 AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

13487 BARWICK RD  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 65-1073603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILLAS, ALSONE  
13487 BARWICK RD  
DELRAY BEACH, FL 33445 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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: VILLAS, CATHERINE  
Address: 13487 BARWICK RD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: VILLAS, ALSONE  
Address: 13587 BARWICK RD  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALSONE VILLAS

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06/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date