


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000043105</b> 1. Entity Name UNLIMITED LAWN IRRIGATION INC.	
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Principal Place of Business 17690 NW 67 AVE #208 MIAMI, FL 33015	Mailing Address 17690 NW 67 AVE #208 MIAMI, FL 33015
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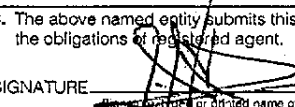
04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1106390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  SANCHEZ, JUAN J 17690 NW 67 AVE #208 MIAMI, FL 33015
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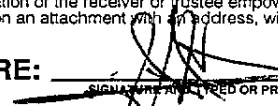
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<i>Juan Sanchez President</i>	<i>4-7-05</i>
<small>(NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, JUAN J 17690 NW 67 AVE #208 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTANO, MARGARITA 17690 NW 67 AVE #208 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000297529 04/11/05-60030-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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: 	<i>JUAN Sanchez</i>	<i>4-7-05</i>
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		