

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051048

Entity Name: EXOTIC LAWN SERVICE, INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

2733 NE 2ND AVE.  
BOCA RATON, FL 33431

## New Principal Place of Business:

614 NW 7TH STREET  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

2733 NE 2ND AVE.  
BOCA RATON, FL 33431

## New Mailing Address:

614 NW 7TH STREET  
BOYNTON BEACH, FL 33426

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMO, MICHAEL  
2731 NE 2ND AVE.  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

COMO, MICHAEL  
614 NW 7TH STREET  
BOYNTON BEACH, FL 33426 US

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: MICHAEL COMO

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COMO, MICHAEL  
Address: 2731 NE 2ND AVE.  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COMO, MICHAEL  
Address: 614 NW 7TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33426

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: MICHAEL COMO

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date