2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P01000057225 1. Entity Name ESTATES, LANDSCAPING & PROPERTY MAINTENANCE, INC. Mailing Address Principal Place of Business 12240 VISTA LANE PINECREST FL 33156 12400 SW 107 AVE MIAMI FL 33176 3. Mailing Address Principal Place of Business ____ Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 65-1113668 Not Applicable Zip Country Zip Country \$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 Name BRADLEY, KAREN 12240 VISTA LANE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. Change ☐ Addition TULLE me Delete NAME BRADLEY, BRIAN NAME <u> 1000000313011</u> 12400 SOUTH WEST 107 AVENUE STREET ADDRESS STREET ADDRESS 04/18/05-80106-025 **150.0**0 CITY-ST-ZIP MIAMI FL 33176 CITY - ST- ZIP Change ☐ Addition Delete TITLE BRADLEY, MATTHEW NAME 12240 VISTA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINECREST FL 33156 CITY-ST-ZIP Change ☐ Addition ☐ Delete THEF NAME NAME BRADLEY, P MICHAEL STREET ADDRESS STREET ADDRESS 11520 SW 107 AVE CITY-ST-ZIP MIAMI FL 33176 CITY-ST-7/P Addition Change | TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.

BRASLEY

Daytme Phone #

SIGNATURE: