
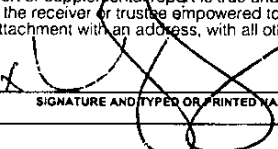


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90304 028 \*\*\*150.00

<b>DOCUMENT # P01000111363</b>					
<b>1. Entity Name</b> GREEN EARTH LANDSCAPING OF MIAMI INC.					
<b>Principal Place of Business</b> 16412 SW 114 CT MIAMI, FL 33157			<b>Mailing Address</b> 16412 SW 114 CT MIAMI, FL 33157		
<b>2. Principal Place of Business</b> 27115 S.W 157 Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 27115 S.W 157 Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Homestead, FL Zip: 33031 Country:		<b>City &amp; State</b> Homestead FL Zip: 33031 Country:		<b>4. FEI Number</b> 65-1154794	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04092006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> GONZALEZ, YESENIA 16412 SW 114 CT MIAMI, FL 33157			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:		
<b>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.</b>					
<b>SIGNATURE:</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD GONZALEZ, YESENIA 16412 SW 114 CT MIAMI, FL 33157	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	27115 SW 157 Ave Homestead, FL 33031	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD GONZALEZ, ANDRES 16412 SW 114 CT MIAMI, FL 33157	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	27115 SW 157 Ave Homestead, FL 33031	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> 			Yesenia Gonzalez 04-10-06 (305) 971-6887 President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		