## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 30, 2000 00.00			
DOCU	MENT # P020000106	74				Secretary of Sta	
1. Entity Nam	EAMSCAPING CORP						
5 & 5 DK	EAMSCAPING CORP.						
Principal Plac	e of Business	Mailing Address					
8211 NW 19 ST 8211 NW 19 ST				Ī			
PEWRKOKE	PINES, FL 33024	PEMBROKE PINES, FL 33024		ļ			
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L	O NOT WRITE	in This Spa	UE .	4. FEI Numbe		Applied For	
		State Office Burner	Million 91	43-195		Not Applicable  \$8.75 Additional	
	yes the second s	Lance use	. 6	5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent	the state of the state of			·····································	
DIPUGLIA, ANN M			La de la constitución de la cons	DO:	NOT W	RITE	
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				IIV	LUIS SE		
			, h	r)			
	e named entity submits this statement for the trons of registered agent.	ne purpose of changing its register	red office or register	red agent, or bot	h, in the State of Fig	orida. I am familiar with, and accept	
_							
SIGNATURE.	Signature, typed or printed name of registered agent and	title il applicable (NOTE Registeri	ed Agent signature requires	d when roinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees	00000 05/23/08	)0934171 3-80021-017 150.00	
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10.	P OFFICERS AND DI	• •	-			Tanton Call	
NAME	DIPUGLIA, STEVEN M		1	w en d	4,		
STREET ADDRESS CITY-ST-ZIP	8211 NW 19 ST   PEMBROKE PINES, FL 33024		The state of the	Sept. T. B. C.	A STATE OF THE STA	Mark William South Comp.	
TITLE	VS		1		en e		
NAME	DIPUGLIA, ANN M			age Control		The state of the s	
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NAME STREET ADDRESS			den al Prima	M. E. Lewis			
CITY-ST-ZIP						The car stands are you the conditions	
TITLE				The second second			
NAME Street address			1 1 2	general de la companya de la company			
CITY-SI-ZIP				. I			
TITLE						***	

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 of the receiver of 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 furth an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Pho

454-214-202