FILED
Jul 17, 2003 8:00 am
Secretary of State
05-05-2003 91890 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/.

DOCUMENT #: P02000011774

1. Entity Name
JAIRO'S TREES SERVICES, INC.

55051478

[redacted]

Principal Place of Business
618 SW 21 AVE. #2
MIAMI FL 33135

Mailing Address
618 SW 21 AVE. #2
MIAMI FL 33135

618 SW 21 AV #2

2. Principal Place of Business		3. Mailing Address	
Apt # 2		618 SW 21 AVe	
Suite, Apt. #, etc. AP#2		Suite, Apt. #, etc.	
City & State Miami - Fl		City & State Fl	
Zip 33135	Country U.S.A.	Zip 33135	Country U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0001304 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIQUEZ, JAIRO
618 SW 21 AVE. #2
MIAMI FL 33135

7. Name and Address of New Registered Agent
Name: Jairo Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 618 SW 21 Ave #2
City: Miami FL Zip Code 33135

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: X Jairo Rodriguez [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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PresidenT JAIRO Rodriguez 618 SW 21 Ave #2 Miami Fl 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jairo Rodriguez [signature]