## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031392

Entity Name: LUIS VARGAS LANDSCAPING, INC.

FILED Jun 04, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

8531 S.W. 5TH STREET 8594 NW 3RD STREET

SUITE 101 PEMBROKE PINES, FL 33024

PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

8531 S.W. 5TH STREET 8594 NW 3RD STREET

SUITE 101 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33025

FEI Number: 04-3644566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARGAS, LUIS VARGAS, LUIS

8531 SW 5TH ST #101 8594 NW 3RD STREET

PEMBROKE PINES, FL 33025 US PEMBROKE PINES, FL 33024 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: 06/04/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

 Name:
 VARGAS, LUIS O
 Name:
 VARGAS, LUIS O

 Address:
 8531 S.W. 5TH STREET SUITE 101
 Address:
 8594 NW 3RD STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:
 PEMBROKE PINES, FL 33024

 Name:
 VARGAS, ANA L
 Name:
 VARGAS, ANA L

 Address:
 8531 S.W. 5TH STREET SUITE 101
 Address:
 8594 NW 3RD STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:
 PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: LUIS VARGAS P 06/04/2008