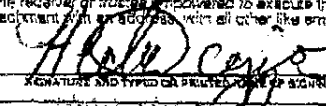


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000046954			
1. Entity Name H & C LANDSCAPING & MAINTENANCE, INC.			
Principal Place of Business 9510 HAITIAN DR MIAMI, FL 33189		Mailing Address 9510 HAITIAN DR MIAMI, FL 33189	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CAJIGAS, HECTOR 9510 HAITIAN DR MIAMI, FL 33189		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 or director (NOTE: Registered Agent signature required when replacing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		7. Election Campaign Financing Trust ☐ and 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	☐ Delete CAJIGAS, HECTOR 9510 HAITIAN DR MIAMI, FL 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11000000412873 Change 02/10/06-80062-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 305235-206	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		Date	