2005 FOR PROFIT CORPORATION

Apr 25, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P02000057984 QUILES LAWN MAINTENANCE & LANDSCAPE, INC. Principal Place of Business Mailing Address 1382 WESTCHESTER DR. E. 1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 CR2E034 (10/03) 03302005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3679851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUILES, RAMON A JR DO NOT WRITE 1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417 IN THIS SPACE 8. The apove 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. (NOTE: Registered Agent signature required when rehistating) DATE Sound are lyped or printed name or registered agent and the diagram able 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000327504 Trust Fund Contribution Added to Fees 04/25/05-80040-007 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME QUILES, RAMON A JR 1382 WESTCHESTER DR. E. STREET ADDRESS CITY - ST - 21P WEST PALM BEACH, FL 33417 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE

12. Thereby certify that the information supplied with this filling 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 legar 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 RAMON A QUILES, JR RAMON A QUILES, JR

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF NG OFFICER OF DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> 3/30/05 561-697-3426

FILED

Daytime Phone #