2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
9/8/2003-90144-008-$550.00-$550.00
03 SEP 22 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000076186

1. Entity Name
EVERYDAY ERNEMENTAL SOD SERV. INC.

Principal Place of Business	Mailing Address
11785 NW 27 AVE. MIAMI FL 33167	11785 NW 27 AVE. MIAMI FL 33167

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10000 NW 29 AVENUE	10000 NW 29 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33147 Country: US	Zip: 33147 Country: US

4. FEI Number: 20-0197315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, MILAGROS 11785 NW 27 AVE. MIAMI FL 33167	Name: CARLO ROVIRA Street Address (P.O. Box Number is Not Acceptable): 10000 NW 29 AVENUE City: MIAMI FL Zip Code: 33147

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: [signature] 09/04/03
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	PTD GONZALEZ, MILAGROS 10000 NW 29 AVE. MIAMI FL 33167	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CARLO ROVIRA 10000 NW 29 AVENUE MIAMI, FL 33147	☒ 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

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 09/04/03 (786)423-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09/18/03 01:04am P. 002