

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90038 017 ***150.00

DOCUMENT # P02000077897					
1. Entity Name FULL LANDSCAPING, INC.					
Principal Place of Business 1333 WEST 49TH PLACE UNIT 101 HIALEAH, FL 33012			Mailing Address 1333 WEST 49TH PLACE UNIT 101 HIALEAH, FL 33012		
2. Principal Place of Business 410 West 56th Street Suite, Apt. #, etc.		3. Mailing Address 410 West 56th Street Suite, Apt. #, etc.			
City & State Hialeah, FL Zip: 33012		City & State Hialeah, FL Zip: 33012		4. FEI Number 41-2058184	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINEDA, JOSE E 1333 WEST 49TH PLACE UNIT 101 OPA LOCKA, FL 33055-1696			7. Name and Address of New Registered Agent Name: Pineda, Santiago A. Street Address (P.O. Box Number is Not Acceptable): 410 West 56th Street City: Hialeah FL Zip Code: 33012		
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: <u>Santiago A. Pineda</u> <u>SANTIAGO A. PINEDA</u> DATE: <u>5/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PINEDA, JOSE E 1333 WEST 49TH PLACE #101 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Pineda, Santiago A. 410 West 56th Street Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERRANO, MARIA C 1333 WEST 49TH PLACE #101 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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; 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: <u>Santiago A. Pineda</u> <u>SANTIAGO A. PINEDA</u> <u>5/24/06</u> <u>(305) 527-7705</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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