

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081604

FILED  
Apr 13, 2004  
Secretary of State

**Entity Name:** A NEW KIND OF LANDSCAPING AND LAWN SERVICE BY E & N, INC.

**Current Principal Place of Business:**

621 SW 66TH TERRACE  
PEMBROOK PINES,, FL 33023 BR

**New Principal Place of Business:**

2465 KIMMIE DRIVE  
COOPER CITY, FL 33026 BR

**Current Mailing Address:**

621 SW 66TH TERRACE  
PEMBROOK PINES,, FL 33023 BR

**New Mailing Address:**

2465 KIMMIE DRIVE  
COOPER CITY, FL 33026 BR

**FEI Number:** 13-4206430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNDERWOOD, ROBERT L  
537 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALTARE, ERIC  
Address: 621 SW 66TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S ( ) Delete  
Name: FILECCI, NADIA  
Address: 621 SW 66TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SALTARE, ERIC  
Address: 2465 KIMMIE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

Title: S (X) Change ( ) Addition  
Name: SALTARE, NADIA  
Address: 2465 KIMMIE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NADIA SALTARE

S

04/13/2004

Electronic Signature of Signing Officer or Director

Date