2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2006 8:00 am Secretary of State DOCUMENT # P02000084462 1. Entity Name 05-05-2006 90190 040 ***150.00 GROUNDKEEPERS, INC. Principal Place of Business Mailing Address 8004 NW 154 ST. SUITE #330 8004 NW 154 ST. **SUITE #330** MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 12323 SW 55th Street Mailing Address W 55th Street Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 1007 City & State 4. FEI Number Applied For 74-3055634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Stores Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, RENE ESQ Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES FL 33134 Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME HASSUN GONZALEZ, LISSETTE M STREET ADDRESS 8004 NW 154 STREET, #330 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 **D**elete ☐ Change ☐ Addition NAME FERNANDEZ, LOURDES NAME STREET ADDRESS 8004 NW 154 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 TITLE Delete TITLE ☐ Change Addition NAME NAME FERNANDEZ, ALEXANDER STREET ADDRESS STREET ADDRESS 8004 NW 154 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME GONZALEZ, ANDREW STREET ADDRESS 8004 NW 154 ST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-7IP TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

FILED