
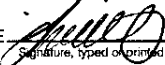
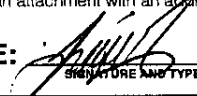


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90010 035 \*\*\*158.75

<b>DOCUMENT # P02000119846</b> 1. Entity Name <b>21ST CENTURY LANDSCAPING DESIGN &amp; LAWN SERVICE, INC.</b>			
Principal Place of Business <b>1333 WEST MANGO ST LANTANA, FL 33462</b>		Mailing Address <b>PO BOX 3204 LANTANA, FL 33465-3204</b>	
2. Principal Place of Business <b>4865 POSEIDON PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4865 POSEIDON PLACE</b> Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FLORIDA</b> Zip <b>33463</b> Country <b>US</b>		City & State <b>LAKE WORTH, FLORIDA</b> Zip <b>33463</b> Country <b>US</b>	
4. FEI Number <b>03-0490872</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ESCOBAR, NOE</b> <b>1333 WEST MANGO ST</b> <b>LANTANA, FL 33462</b>		7. Name and Address of New Registered Agent Name <b>FABIAN VAZQUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4865 POSEIDON PLACE</b> City <b>LAKE WORTH</b> State <b>FL</b> Zip Code <b>33463</b>	
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  <b>FABIAN VAZQUEZ</b> DATE <b>1/12/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PT NAME ESCOBAR, NOE STREET ADDRESS 1333 WEST MANGO ST CITY-ST-ZIP LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE PT NAME FABIAN VAZQUEZ STREET ADDRESS 4865 Poseidon Place CITY-ST-ZIP Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ESCOBAR, NOE STREET ADDRESS 1333 WEST MANGO ST CITY-ST-ZIP LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE D NAME FABIAN VAZQUEZ STREET ADDRESS 4865 Poseidon Place CITY-ST-ZIP Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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:  <b>Fabian Vazquez/President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/19/04</b> Daytime Phone #	