2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128499

1. Entity Name

EMPEROR LANDSCAPING INC

FILED
05 MAY -2 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

2438 Deer Run Blvd
Loxahatchee Fl 33470-2516

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. # etc. | Suite, Apt. # etc.

City & State | City & State

Zip | Country | Zip | Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number
30 0136484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Jose Arroliga
2438 Deer Run Blvd
Loxahatchee Fl 33470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: Jose Arroliga 4-29-05
(Typed or printed name of registered agent and, if applicable, the title of the officer) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME P
STREET ADDRESS Jose Arroliga
CITY-ST-ZIP 2438 Deer Run Blvd
Loxahatchee Fl 33470
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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☐ Change ☐ Addition

900055187759
05/24/05--01038--022 **150.00

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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: Jose Arroliga 4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date