

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134226

FILED
Apr 19, 2009
Secretary of State

Entity Name: THE THREE FLOWERS LANDSCAPING, INC.

Current Principal Place of Business:

13575 NW 5TH CT
201
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

4821 GRAPEVINE WAY
DAVIE, FL 33331 US

Current Mailing Address:

13575 NW 5TH CT
201
PEMBROKE PINES, FL 33028 US

New Mailing Address:

4821 GRAPEVINE WAY
DAVIE, FL 33331 US

FEI Number: 22-3887838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACIAS, ADRIANA M
13575 NW 5TH CT
201
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

MACIAS, ADRIANA M
4821 GRAPEVINE WAY
DAVIE, FL 33331 US

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: ADRIANA M MACIAS

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MACIAS, ADRIANA M
Address: 13575 NW 5TH CT APT 201
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MACIAS, ADRIANA M
Address: 4821 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA M MACIAS

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date