


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000002614</b> 1. Entity Name <b>MARCELO LANDSCAPING INCORPORATED</b>	
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Principal Place of Business <b>1104 SW 139 PL MIAMI, FL 33184</b>	Mailing Address <b>1104 SW 139 PL MIAMI, FL 33184</b>
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**DO NOT WRITE IN THIS SPACE**



08122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1667599</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERO, MARCELO  
1104 SW 139 PL  
MIAMI, FL 33184**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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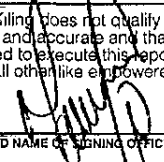
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP RIVERO, MARCELO 1104 SW 139 PL MIAMI, FL 33184</b>
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08/16/05-80001-007 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **8/12/05** **786-306-889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #