

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007335

FILED
Apr 29, 2005
Secretary of State

Entity Name: PERFECT TURF LAWN CARE, INC.

Current Principal Place of Business:

3324 N.W. 15TH TERRACE
POMPAÑO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3324 N.W. 15TH TERRACE
POMPAÑO BEACH, FL 33064

New Mailing Address:

FEI Number: 57-1151158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAYAS, ARIEL
625 75TH STREET
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ZAYAS, ARIEL
625 75TH STREET # 3
MIAMI BEACH, FL 33141 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: ARIEL ZAYAS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELL, STEPHANIE
Address: 3324 N.W. 15TH TERRACE
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: D () Delete
Name: FELL, MICHAEL
Address: 3324 N.W. 15TH TERRACE
City-St-Zip: POMPAÑO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHANIE FELL

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date