FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2004 8:00 am Secretary of State

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DOCUMENT # P03000043799 1. Entity Name					03-22-2004 90082 048	***150.00
ANDYS LANDSCAPIN	NG INC					
DO NOT WRITE IN THIS SPACE					14000403	
2. Principal Place of Business		3. Mailing Address				
27 CORTEZ WAY Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State DAVIE , FL		City & State			4. FEI Number 14-1882632	Applied For Not Applicable
Zip 33324	Country	Zip	Со	untry	5. Certificate of Status Desired	\$8.75 Additional
30024	100			7. Nam	ne and Address of Current Regis	· · · · · · · · · · · · · · · · · · ·
				Name		<u> </u>
	RITE	Street Add		dress (P.O. Box Number is Not Acceptable)		
•		AUL				
				City	FL	Zip Code
8. The above named	l entity submits this s am familiar with, and	tatement for the pu	rpose of ch	anging its regis	stered office or registered agent, or	both, in the
SIGNATURE	an lanimal with and	accept the obligati	ions or regis	siereu ageni.		
Signati	ure, typed or printed name of	of registered agent and ti	tle if applicable	. (NOTE: Registe	ered Agent signature required when reinstatir	ng) DATE
January 1	- May 1 Fee is \$150. ay 1, Fee is \$550.00	00				
After M Amen				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
Make Check Payabl	<u>e to Florida Departn</u>					
10.		ND DIRECTORS	11.			
TITLE NAME	P T ANDRES ORTIZ		TIT			
STREET ADDRESS	27 CORTEZ WAY		NA STI	ME REET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324			Y-ST-ZIP	'	
TITLE	VP S		TIT			,
NAME	MAYRA MARRERO		NA	ME		
STREET ADDRESS			STI	REET ADDRESS	;	
CITY-ST-ZIP	DAVIE FL 33324			Y-ST-ZIP		
TITLE NAME			TIT			
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CITY-ST-ZIP				Y-ST-ZIP	DO NOT WRITE	
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STREET ADDRESS				REET ADDRESS	:	
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STREET ADDRESS			IVIE RÉET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP	'	
TITLE			TIT			
NAME			NA			
STREET ADDRESS		,	STF	REET ADDRESS	;	
CITY-ST-ZIP		1	CIT	Y-ST-ZIP		
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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 fam an officer of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President Andres Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2004

(954) 478-0556

Daytime Phone #

Date