2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Edis T. Quinter Fdis T. Quinter Signature and type of Printed Name of Signing Officer or Girector

1. Entity Nam	MENT # POS DSCAPING, COR	يتحو	• .	•			Apr 10 Seci	, 2005 etary (
Principal Place 5941 SW 24 MIAMI FL 35		5941	ng Address SW 24 STREET MI FL 33155		<u> </u>	1				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt #, etc.			15	et MOORE	CR2E034 (10)/04)	
City & State			City & State			4. FEI Numb	51-0468576	3	<u> </u>	plied For Applicable
Zip Country		<u></u>	Zip Cour		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
	6. Name and Add	ress of Current Register	ed Agent		Name	7. Name and	d Address of New R	egistered Ager	đ	 ,
594	NTERO, EDIS J 11 SW 24 STREE MI FL 33155	न				(P.O Box Numb	per is Not Acceptable	3)		
					City			FL	Zip Code	!
	named entity submits tions of registered age	this statement for the purp	oose of changing its	s register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am fami	iar with, a	and accept
_	_									
SIGNATURE	Signature, typed or printed no	me of registered agent and title if ap	plicable (NOT	TE Registere	d Agent signature require	d when reinstating)		DATE		 .
After	TLE NOW!!! FEE I May 1, 2005 Fee V			-:-		- 17 3.	9. Election Campa Trust Fund Cor		-	00 May Be d to Fees
10,	,	OFFICERS AND DIRECTO		11.		ADDITIONS	CHANGES TO OFF			
NAME STREET ADDRESS CITY+ST+ZIP	PD QUINTERO, EDIS J 5941 SW 24 STREE MIAMI FL 33155		☐ Delete				0000003 04/16/05-8	 109866	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTERO, MARIA 5941 SW 24 STREE MIAMI FL 33155		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP			☐ Delete		i i			. 🗆	Change	☐ Addition
TITLE NAME SIBEET ADDRESS CITY ST-ZIP	_	-	☐ Delete		ſ				Change	Addition
indicated of the co	d on this report or supp reporation or the receive	tion supplied with this filing lemental report is true and or or trustee empowered to with an address, with all of	d accurate and that be execute this repor	my signa t as requ	emption stated in S ature shall have the lired by Chapter 60	ection 119.07(3 same legal effe 7, Florida Statu	n)(i), Florida Statutes ect as if made under tes; and that my nam	I further certify to oath; that I am a se appears in Blo	hat the in n officer ock 10 or	nformation or director Block 11 if

Davime Phone #