2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000082857 1. Entity Name A-J SOD & LANDSCAPING, INC. 04-26-2004 90983 048 ***150.00 Principal Place of Business Mailing Address 4035 SW 111TH AVE. 4035 SW 111TH AVE. MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERRA, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 4035 SW 111TH AVE. MIAMI, FL 33165 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 -\$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITL F ☐ Change Addition SERRA, ALFREDO NAME: NAME STREET ADDRESS 4035 SW 111TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SERRA, JORGE L JR. NAME . NAME STREET ADDRESS 4035 SW 111TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

O NAME OF SIGNING OFFICER OR DIRECTOR

Delete

rra JR. 1)15/2004 (305)

☐ Change

☐ Addition

FILED