

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90118 017 \*\*\*158.75

**DOCUMENT # P03000112911**

1. Entity Name  
**MYSTIQUE LANDSCAPE INC.**



Principal Place of Business  
**700 NE 25TH AVE  
POMPANO BEACH, FL 33062**

Mailing Address  
**700 NE 25TH AVE  
POMPANO BEACH, FL 33062**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 10223**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Pompano Bch FL**

City & State

City & State

Zip

Country

**33062**

**US**

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

**75 3134716**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDMAN, GINNY L ESQ.  
190 N.W. SPANISH RIVER BLVD, SUITE 200  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **NOAH A. Fischer**

Street Address (P.O. Box Number is Not Acceptable)

**700 NE 25th Ave**

City **Pompano Beach**

FL

Zip Code **33062**

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 **NOAH Fischer President** **6/30/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **NOAH Fischer**  
STREET ADDRESS **700 NE 25th Avenue**  
CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **NOAH Fischer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/04** **5612718205**  
Date Daytime Phone #