

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90135 003 ***150.00

DOCUMENT # P04000015569
 1. Entity Name
 AL JENKINS WATERSCAPING INC.



Principal Place of Business Mailing Address
 2533 S.W. NATIONAL CIR. 2533 S.W. NATIONAL CIR.
 PORT ST. LUCIE, FL 34953 US PORT ST. LUCIE, FL 34953 US

400



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04132008 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 05-0595588 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JENKINS, CATHY
 2533 S.W. NATIONAL CIR.
 PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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: Cathy Jenkins Cathy Jenkins DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, AL	
STREET ADDRESS	2533 S.W. NATIONAL CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, CATHY	
STREET ADDRESS	2533 S.W. NATIONAL CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, CATHY	
STREET ADDRESS	2533 S.W. NATIONAL CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guaizer Chun Rodriguez	
STREET ADDRESS	400 ROME DR. Apt. 208	
CITY-ST-ZIP	PALM SPRINGS, FLA 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cathy Jenkins Cathy Jenkins 4-20-08 772-621-4482
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #