


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000033570 1. Entity Name STERLING SERVICE & LANDSCAPING, INC. |  |
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| Principal Place of Business 4601 SW 166TH AVENUE SOUTHWEST RANCHES, FL 33331 | Mailing Address 4601 SW 166TH AVENUE SOUTHWEST RANCHES, FL 33331 |
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01252007 No Chg-P CR2E034 (11/05)

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|---|---|
| 4. FEI Number 20-0901881 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COZAR, EDUARDO V 4601 SW 166TH AVENUE SOUTHWEST RANCHES, FL 33331 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

| | |
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| 9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|
| TITLE | P |
| NAME | COZAR, EDUARDO V |
| STREET ADDRESS | 4601 SW 166TH AVENUE |
| CITY-ST-ZIP | SOUTHWEST RANCHES, FL 33331 |
| TITLE | V |
| NAME | COZAR, MAYDA |
| STREET ADDRESS | 4601 SW 166TH AVENUE |
| CITY-ST-ZIP | SOUTHWEST RANCHES, FL 33331 |
| TITLE | S |
| NAME | ISA, MIRIAM |
| STREET ADDRESS | 558 EAST 54TH STREET |
| CITY-ST-ZIP | HIALEAH, FL 33013 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000616212
 02/07/07-80018-023 150.00

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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.

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| SIGNATURE:  | Date: 1/29/07 Daytime Phone #: |
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