

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000071000

1. Entity Name

NODARSE LANDSCAPING, CORP.



**FILED
May 27, 2005 8:00 am
Secretary of State**

04-29-2005 90249 019 ***150.00

66019557



1st MOORE CR2E034 (10/04)

| | | | |
|---|---|--|--|
| Principal Place of Business | Mailing Address | | |
| 1950 SW 122 AVENUE #508 MIAMI FL 33175 | 1950 SW 122 AVENUE #508 MIAMI FL 33175 | | |

| | | | |
|--|-------|---|-------|
| 2. Principal Place of Business 1850 SW 122AV #413 | 22175 | 3. Mailing Address 1850 SW 122AV #413 FL | 33175 |
| Suite, Apt. #, etc. #413 | | Suite, Apt. #, etc. #413 | |

| | |
|--------------------------|--------------------------|
| City & State MIAMI FL | City & State MIAMI FL |
| Zip 33175 | Country |
| 33175 | Country |

| | |
|-----------------------------|---|
| 4. FEI Number 77-0632446 | Applied For <input type="checkbox"/> |
| Not Applicable | |

| | |
|--|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|-----------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent NODARSE, CONRRADO 1950 SW 122 AVENUE #508 MIAMI FL 33175 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|--|

B. 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

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | |
|--|--|

| | |
|---|--------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------------|

| | | | |
|--|--|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NODARSE, CONRRADO 1950 SW 122 AVENUE #508 MIAMI FL 33175 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #