

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90047 023 \*\*\*150.00

<b>DOCUMENT # P04000071000</b> 1. Entity Name NODARSE LANDSCAPING, CORP.					
Principal Place of Business 5024 SW 139 COURT MIAMI, FL 33175			Mailing Address 5024 SW 139 COURT MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # 5509 SW 139 PL		3. Mailing Address 5509 SW 139 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 77-0632446	
Zip 33175		Country EUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NODARSE, CONRRADO 5024 SW 139 COURT MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: <u>Conrado Nodarse</u> Street Address (P.O. Box Number is Not Acceptable): 5509 SW 139 PL City: <u>Miami</u> FL Zip Code: <u>33175</u>		
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: <u>[Signature]</u> DATE: <u>03/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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: PD NAME: NODARSE, CONRRADO STREET ADDRESS: 5024 SW 139 COURT CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE: <u>Nodarse, Conrado</u> NAME: <u>5509 SW 139 PL</u> STREET ADDRESS: <u>Miami FL 33175</u> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u>Nodarse, Conrado</u> NAME: <u>5509 SW 139 PL</u> STREET ADDRESS: <u>Miami FL 33175</u> 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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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>03/29/07</u> Daytime Phone #: <u>(786) 326 7780</u>		