

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089423

FILED
Apr 29, 2005
Secretary of State

Entity Name: MORENO LANDSCAPING INC.

Current Principal Place of Business:

24955 SW 134 CT
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

24955 SW 134 CT
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 34-2001332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, JOSE E
24955 SW 134 CT
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORENO, JOSE E
Address: 24955 SW 134 CT
City-St-Zip: HOMESTEAD, FL 33032

Title: V () Delete
Name: ARROYO, MAYRA N
Address: 24955 SW 134 CT
City-St-Zip: HOMESTEAD, FL 33032

Title: T () Delete
Name: RUIZ, JORGE I
Address: 24955 SW 134 CT
City-St-Zip: HOMESTEAD, FL 33032

Title: S () Delete
Name: ARROYO, BERNALDO J
Address: 24955 SW 134 CT
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ARROYO, BERNARD J
Address: 24955 SW 134 CT
City-St-Zip: HOMESTEAD, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA ARROYO

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date