2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P04000094676** 1. Entity Name 04-20-2005 90327 012 ***150.00 RAFFAELE CURRA LAWN SERVICE, INC. Principal Place of Business Mailing Address 848 NW 127TH AVENUE 848 NW 127TH AVENUE 50039557 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address SAME AS ABOUE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 56-246 8830 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURRA, JOHN Street Address (P.O. Box Number is Not Acceptable) 848 NW 127TH AVENUE CORAL SPRINGS FL 33071 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Addition TITLE Delete TITLE ☐ Change CURRA, JOHN NAME NAME STREET ADDRESS 848 NW 127TH AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP HILE ☐ Delete TITLE Change ■ Addition NAME MARTINEZ, OSCAR STREET ADDRESS 990 SW 50TH WAY STREET ADDRESS CITY-ST-ZIP MARGATE FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange Addition NAME CURRA, MARIA A MAME STREET ADDRESS STREET ADDRESS 848 NW 127TH AVENUE CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Addition ☐ Detete CURRA, ANTONIETTA NAME NAME 848 NW 127TH AVENUE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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