


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90063 035 \*\*\*150.00

<b>DOCUMENT # P04000104500</b> 1. Entity Name ENVIRO SCENT OF FLORIDA, INC.		
Principal Place of Business 3514 W PARK RD HOLLYWOOD, FL 33021		Mailing Address 3514 W PARK RD HOLLYWOOD, FL 33021
2. Principal Place of Business 25300 SW 124 CT Suite, Apt. #, etc.		3. Mailing Address 25300 SW 124 CT Suite, Apt. #, etc.
City & State HOMESTEAD FL		City & State HOMESTEAD FL
Zip 33032	Country	Zip 33032
4. FEI Number 20-1364482		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E DANIA BEACH BLVD STE 202 DANIA, FL 33004		7. Name and Address of New Registered Agent Name: JANICE MARIE HALL Street Address (P.O. Box Number is Not Acceptable): 25300 SW 124 CT City: HOMESTEAD FL Zip Code: 33032
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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: D NAME: ROULEAU, DENISE STREET ADDRESS: 3514 W PARK RD CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: JANICE MARIE HALL STREET ADDRESS: 25300 SW 124 CT CITY-ST-ZIP: HOMESTEAD FL 33032
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<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: <u>Janice Marie Hall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/13/05</u> Daytime Phone #: <u>305-258-5280</u>

50002987



01062005 Chg-P CR2E034 (10/03)