2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90021 043 ***150.00

DOCUMENT # P04000108905

1. Entity Name
JOSEPH LANDSCAPING SERVICES INC.

Principal Place of Business	Mailing Address
6105 LUZON DR. ORLANDO FL 32809	6105 LUZON DR. ORLANDO FL 32809

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7528 Sand lake Pointe LP		P.O. Box 593076	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando FL	
Zip 32809	Country U.S.	Zip 32859	Country U.S.

4. FEI Number 34-2008948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDERON, JOSEFINA 3098 STILLWATER DR. KISSIMMEE FL 34743	Name Jose Infante Street Address (P.O. Box Number is Not Acceptable) 7528 Sand lake Pointe Loop 208 City Orlando FL Zip Code 32809

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 x [signature] 2/28/2008
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	INFANTE, JOSE L		NAME	
STREET ADDRESS	6105 LUZON DR.		STREET ADDRESS	7528 Sand lake Pointe Lp. # 208
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP	Orlando, FL 32809
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLANCO, YETZAIDA C		NAME	
STREET ADDRESS	6105 LUZON DR.		STREET ADDRESS	7528 Sand lake Pointe Lp #208
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP	Orlando FL 32809
TITLE		☐ Delete	TITLE	☐ 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	
TITLE		☐ Delete	TITLE	☐ 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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/28/2008 321.695.2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #