2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 AM Secretary of State **DOCUMENT # P04000119095** 1. Entity Name TREASURE LANDSCAPING CORP. Principal Place of Business Mailing Address 21 NW 132ND PLACE 21 NW 132ND PLACE MIAMI, FL 33182 MIAMI, FL 33182 CR2E034 (11/05) 02132007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1522506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IZQUIERDO, LEO DO NOT WRITE 21 NW 132ND PLACE MIAMI, FL 33182 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE IZQUIERDO, LEO NAME 21 NW 132ND PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 TITLE IZQUIERDO, MIRIAM NAME STREET ADDRESS 21 NW 132ND PLACE CITY-ST-ZIP MIAMI, FL 33182 TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP TITLE THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 anaddress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 7863558741

FILED