2005

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 04, 2005 8:00 am Secretary of State 05-04-2005 90158 046 ***150.00 **DOCUMENT #** 1. Entity Name P04000144851 World of Harvest Landscape, Inc. 40082054 DO NOT WRITE IN THIS SPACE 2. Principal Place of 3. Mailing Address 9585 NW 33rd 9585 NW 33rd Are. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Miami. 4. FEI Number City & State, 33147 FL16-1708502 FL 33147 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Miami Dade Miami Dade 7. Name and Address of Current Registered Agent Jasper Rice DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 9585 NW 33rd;A≯e. IN THIS SPACE Miami 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 Jasper/Rice SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Jenuary 1 - May 1 Fee is \$1£0.0 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61/25 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee: (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE President / Director NAME NAME Jasper Rice STREET ADDRESS STREET ADDRESS 9585 NW 33rd. Ave. CITY ST-ZIP CITY-ST-ZIP FL 33147 Miami, TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI P NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IIII E IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST- AP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-71P

Jasper Rice / Pres.

4/28/05

786-267-2137

FILED

CR2E034B (12/01)