



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2005-90032-022-\$150.00-\$150.00

<b>DOCUMENT # P04000173511</b> 1. Entity Name <b>MENDOZA'S LANDSCAPING, INC.</b>						FILED 05 SEP 26 PM 12: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>411 NE 35TH TERRACE MIAMI FL 33137</b>				Mailing Address <b>411 NE 35TH TERRACE MIAMI FL 33137</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>10926 GRIFFING BLVD</b> Suite, Apt. #, etc.			
City & State City <b>BISCAYNE PARK FL</b>				4. FEI Number <b>27-0112866</b>			
Zip <b>33161</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MENDOZA, MILTON Y 411 NE 35TH TERRACE MIAMI FL 33137</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10926 GRIFFING BLVD.</b> City <b>BISCAYNE PARK FL</b> Zip Code <b>33161</b>			
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 <u>Milton Y Mendoza</u> <b>MILTON Y MENDOZA (PRESIDENT)</b> 08-25-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>							
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>				S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				DATE			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P MENDOZA, MILTON Y 411 NE 35TH TERRACE MIAMI FL 33137</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10926 GRIFFING BLVD BISCAYNE PARK FL 33161</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VS MENDOZA, ELIZABETH 411 NE 35TH TERRACE MIAMI FL 33137</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <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>Milton Y Mendoza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(PRESIDENT) <b>MILTON Y. MENDOZA</b> 08-25-05 <small>Date Daytime Phone</small>			