## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 05, 2007 8:00 am **Secretary of State DOCUMENT # P05000019387** 03-05-2007 90057 030 \*\*\*150.00 1. Entity Name ISLAND VIBZ LANDSCAPING, INC. Principal Place of Business Mailing Address 114 NW 109TH AVE APT 101 114 NW 109TH AVE APT 101 PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 091 V N.W Suite. CR2E034 (12/06) 02142007 Chg-P 4. FEI Number Applied For 20-2328079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent KNOTT, DONNAREE Street Address (P.O. Box Number is Not Acceptable) 12118 WASHINGTON ST. BLDG 71 PEMBROKE PINES, FL 33025 City 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE President KNOTT, RICHARD NAME NAME Richard 12118 WASHINGTON ST, BLDG 71 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP VP ☐ Delete TITLE ☐ Addition TITLE KNOTT, DONNAREE NAME NAME 12118 WASHINGTON ST, BLDG 71 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP VΡ Delete TITLE TITLE COWAN, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 3542 5TH STREET CITY-ST-ZIP CITY-ST-ZIP BALTIMORE, MD 21225 TITLE ☐ Delete TITLE 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-7IP I hereby certify that the information supplied with this filing 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other fixe empowered. pears in Block 10 or Block 11 if

IGNING OFFICER OR DIRECTOR

FILED

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