2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000027859

1. Entity Name
ROSALES LANDSCAPING INC.

Principal Place of Business	Mailing Address
23555 SW 177 AVENUE HOMESTEAD, FL 33031	23555 SW 177 AVENUE HOMESTEAD, FL 33031

DO NOT WRITE IN THIS SPACE

07232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2795078	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSALES, JOSE E
23555 SW 177 AVENUE
HOMESTEAD, FL 33031

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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)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSALES, JOSE E
STREET ADDRESS	23555 SW 177 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33031

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U7/29/08-80002-019 150.00

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12. 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 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: X _Jose Rosales_ RESIDENT JOSE E. ROSALES   7/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #