## FILED Apr 16, 2007 08:00 A Secretary of State

CR2E034 (11/05)

2007 FOR PROFIT CORPORATION ANNUAL REPORT	$\mathbf{A}_{\mathbf{I}}$
DOCUMENT # P05000029146  1. Entity Name GREENACRES LAWN SERVICES II, INC.	
Principal Place of Business  4589 HISBISCUS ST WEST PALM BEACH, FL 33417 US  Mailing Address  4589 HISBISCUS ST WEST PALM BEACH, FL 33417 US	1 16 <b>4</b> 11661 (1) 44164 6771 6616 661
	04112007 No Chg-P
DO NOT WRITE IN THIS SPACE	4. FEI Number 20-2400876
	5. Certificate of Status Desire

DO NOT WRITE IN THIS SPA			PACE.	4. FEI Number 20-2400876		
	grand the same from a most			5. Certificate of Status Des		3.75 Additional Required
	6. Name and Address of Current Regis	tered Agent		The state of the s		. M. Arakis
4589 HISB	ALEJANDRO SISCUS ST LM BEACH, FL 33417			DO NOT IN THIS	1 Feb 25 (1997)	
<ol><li>The above the obligation</li></ol>	named entity submits this statement for the plants of registered agent.	ourpose of changing its	registered office or register	ed agent, or both, in the State	e of Florida. I am farr	illiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE	Registered Agent signature required	when reinstating)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contr		.00 May Be ed to Fees		
10.	OFFICERS AND DIREC	CTORS		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 00	, a
TITLE Name Street address City-St-21P	PST GARCIA, ALEJANDRO 4589 HISBISCUS ST WEST PALM BEACH, FL 33417			A the second of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Fig. 1	
TITLE NAME Street address City-St-Zip			AP COLLEGE	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/2	0000070813 4/07-80103	003 150.00
12. I hereby of indicated	certify that the information supplied with this f on this report or supplemental report is true	iling does not qualify fo and accurate and that m	r the exemptions contained by signature shall have the	I in Chapter 119, Florida Star same legal effect as if made	tutes. I further certify under oath; that I am	that the information 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: