2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P05000043757				Secretary of Sta		
1. Entity Name SPD LANDSCAPING MAINTENANCE, CORP.				·		
Principal Plac	e of Business	Mailing Address	,	1		
371 NW 37T Pompano B	H STREET Each, Fl 33064	371 NW 37TH STREET POMPANO BEACH, FL 33064	US			
					882))	
DO NOT WRITE IN THIS SPACE				03272008 No Chg		
DO NOT WRITE IN THIS SPA			UE.	4. FEI Number 04-3810333	Applied For Not Applicable	
•				5. Certificate of Status De	\$9.75 Additional	
•	6. Name and Address of Current	Registered Agent		The state of the s		
DERILUS, SAINT PIERRE 371 NW 37TH STREET POMPANO BEACH, FL 33064			3 3 3 4	DONOT	MOITE	
				DO NOT		
				IN THIS	SPACE	
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. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) DATC						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND	DIRECTORS				
TITLE NAME	D/P DERILUS, SAINT PIERRE				ากกกอสอออก	
STREET ADDRESS	371 NW 37TH STREET)000873221, (08-80069-023-150.00,	
CITY-ST-ZIP	POMPANO BEACH, FL 33064					
TITLE NAME						
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TITLE NAME				IN THIS	SPACE	
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TITLE NAME				and the state of t		
STREET ADDRESS	,					
CITY-ST-ZIP		·				
TITLE						
NAME STREET ADDRESS						
CITY - ST . 7IP						

12. Thereby certify that the information supplied with this filling 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: Saint Some Dentus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3:27·08 (754)366.2098