## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000070451

Entity Name: QUALITY LAWN CARE IN NAPLES, CORP.

FILED Aug 31, 2007 Secretary of State

3680 SE 4 AV 2520 SW 22 ST

NAPLES, FL 34117 US #521

MIAMI, FL 33145 US

Current Mailing Address: New Mailing Address:

3680 SE 4 AV 2520 SW 22 ST

NAPLES, FL 34117 US #521

MIAMI, FL 33145 US

FEI Number: 20-2857695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELENDI, ALEJANDRO L
3680 SE 4 AVE
NAPLES, FL 34117 US

MELENDI, ALEJANDRO L
18361 SW 82 AVE
MIAMI, FL 33157 US

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.

SIGNATURE: ALEJANDRO L. MELENDI 08/31/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MELENDI, ALEJANDRO L
 Name:
 RAMIREZ, PORFIRIO

 Address:
 3680 SE 4 AVE
 Address:
 7576 SW 102 ST # 407

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 MIAMI, FL 33156 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: MELENDI, GISELLE Name: MELENDI, ALEJANDRO L

 Name:
 MELENDI, GISELLE
 Name:
 MELENDI, ALEJANDR

 Address:
 3680 4 AVE SE
 Address:
 18361 SW 82 AVE

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 MIAMI, FL 33157 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MELENDI, GISELLE

 Address:
 Address:
 18361 SW 82 AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PORFIRIO RAMIREZ PD 08/31/2007