
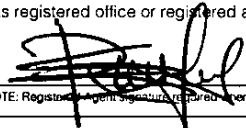


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90001 030 ***150.00

DOCUMENT # P05000139132 1. Entity Name EUGENE TOP LANDSCAPING, INC.					
Principal Place of Business 1194 N. STATE ROAD 7 SUITE 202 LAUDERHILL, FL 33313			Mailing Address 1194 N. STATE ROAD 7 SUITE 202 LAUDERHILL, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0808001	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EUGENE, FAUSTIN 1194 N. STATE ROAD 7 SUITE 202 LAUDERHILL, FL 33313			7. Name and Address of New Registered Agent Name Street Address PA Multiple Services, Inc. 3511 NW 8th Ave. Suite 8 City Pompano Beach, FL 33064		
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 Amster Bien-Aime <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent Signature required when reinstating)</small>		DATE 8/20/06	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE, FAUSTIN 1194 N. STATE ROAD 7 SUITE 202 LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Formation Eugene <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 8/20/06		DAYTIME PHONE # 954-822-8501

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