FILED
Apr 16, 2007 8:00 am
Secretary of State
03-23-2007 90011 016 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000078111

1. Entity Name
OUTDOOR CREATIONS AND LANDSCAPING, INC.

66009275

Principal Place of Business
20842 NW 14 CT
Pembroke Pines FL 33029

Mailing Address

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20842 NW 14 CT	Same
Suite, Apt. #, etc. Pembroke Pines	Suite, Apt. #, etc.
City & State Fl.	City & State
Zip 33029 Country Broward	Zip Country

4. FEI Number TAX ID 710662250 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIVERA, DONALD L
551 SW 168TH TERR
WESTON, FL 33326

7. Name and Address of New Registered Agent
Name: Outdoor Creations and Landscaping
Street Address (P.O. Box Number is Not Acceptable): 20842 NW 14 CT
City: Pembroke Pines FL Zip Code: 33029

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]
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVERA, DONALD L 551 SW 168TH TERR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donald Rivera 20842 NW 14 CT Pembroke Pines FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RIVERA, EMMA 551 SW 168TH TERR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Emma Rivera 20842 NW 14 CT Pembroke Pines FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/20/07 (954) 224-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #