

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000106212

Entity Name: EXOTIC PLANTSCAPING, INC.

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

36 BERMUDA LAKE DR  
PALM BCH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

36 BERMUDA LAKE DR  
PALM BCH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 20-5384186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, SHEILA  
36 BERMUDA LAKE DR  
PALM BCH GARDENS, FL 33418 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: SIMON, SHEILA  
Address: 36 BERMUDA LAKE DR  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: T  
Name: SIMON, SHEILA  
Address: 36 BERMUDA LAKE DR  
City-St-Zip: PALM BCH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: SHEILA SIMON

DPVS

01/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date