

Apr. 30. 2007 11:23AM

BRUCE M BERGER & CO PA

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90097 034 ***150.00

DOCUMENT # P06000114286					
1. Entity Name TIGER EXOTIC LANDSCAPING, INC.					
Principal Place of Business 1638 PASSION VINE CIRCLE WESTON, FL 33326			Mailing Address 1638 PASSION VINE CIRCLE WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5547577	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYBERG, LINDA 1638 PASSION VINE CIRCLE WESTON, FL 33326			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)					
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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAYBERG, LINDA		NAME		
STREET ADDRESS	1638 PASSION VINE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33326		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 <i>Linda Hayberg</i>			4/30/2007 954-384-7504		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR			Date Day/Mo/Yr		