
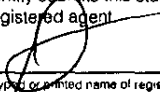
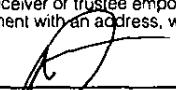


FILED

2009 MAR 31 P 2:39

SECRETARY OF STATE  
500148113555  
03/31/09--01020--009 \*\*300.00



<b>DOCUMENT # P06000156225</b> 1. Entity Name <b>ALOHA LAND CARE &amp; ENHANCEMENT, INC.</b>				<b>FILED</b>  2009 MAR 31 P 2:39  SECRETARY OF STATE <b>500148113555</b> 03/31/09--01020--009 **300.00	
Principal Place of Business 16635 SW 104 CT MIAMI, FL 33157		Mailing Address 16635 SW 104 CT MIAMI, FL 33157			
2. Principal Place of Business - No P.O. Box # <b>6229 SW 131 PL</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>APT 202</b>		Suite, Apt. #, etc.		03302009 REIN-P CR2E098 (1/07)	
City & State <b>Miami FL</b>		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33183</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, JOSE</b> 16635 SW 104 CT MIAMI, FL 33157				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6229 SW 131 PL APT 202</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33183</b>	
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  DATE <b>3-30-09</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				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	<b>P</b> <b>HERNANDEZ, JOSE</b> <b>16635 SW 104 CT</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEW ADDRESS</b> <b>6229 SW 131 PL. APT. 202</b> <b>Miami FL 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE <b>3-30-09</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					