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(561)502-7199

10/1/08

9/4/2008-90045-002-\$150.00-\$150.00

18 FOR PROFIT CORPORATION, ANNUAL REPORT

SIGNATURE:

SECRETARY OF SUITE DOCUMENT # P07000065966 08 NOV 24 Al1 9: 22 CORCHO LANDSCAPING INC. Mailing Address Principal Place of Business 1950 MEADOW CT 1950 MEADOW CT WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. F. etc. CR2E034 (12/06) 08052008 4. FEI Number Applied For City & State City & State 26-025090Z Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CORCHO, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 1950 MEADOW CT WEST PALM BEACH, FL 33406 City 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 Squalure, typec or printed name of registered aguint and late 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Bo Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change _ Addition CORCHO, JUAN CARLOS NAME 1950 MEADOW CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-SI-719 TITLE TITLE ☐ Delete MACHADO, LEOSNEIDY M PUBRELA NAME NAME 1950 MEADOW CT STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP VΡ TITLE The Delete MLE Add:tion ☐ Change SANCHEZ, HECTOR NAME STREET ADDRESS 5036 EL CLARO N STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-SI-ZIP nut ☐ Deieie ane ☐ Charge - (Addition NAME NUM STREET ADDRESS STREET ADDRESS 1117-51-*11*7 CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NUMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Oelete TITLE TITLE HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 chapter, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR

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Corcho Landscaping Inc 1950 Meadow Ct. W.P.B. Fl. 33406-6750

Florida Department of State Division of Corporations P.O. Box 8700

Tallahassee, Florida 32314

Re:P07000065966

TO WHOM IT MAY CONCERN

This letter is to explain that we have not received the first card for renew the Corp. The notification that we received about the penalty and fee we have misunterstanding and we sent the 150.00 for the renew, We asking through this later the wave in the amount 400.00 penalty.

Sincerely,

Juan Carlos Corcho

President