2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # P07000093976** 1. Entity Name 04-25-2008 90120 026 ***150.00 RIVAS LANDSCAPING, INC. Principal Place of Business Mailing Address 7900 SW 131 AVENUE 7900 SW 131 AVENUE MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE Applied For City & State City & State 4. EEI Number 26-077505 Not Applicable Ζıp 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 Name NORVIN, RIVAS Street Address (P.O. Box Number is Not Acceptable) 7900 SW 131 AVENUE MIAMI FL 33183 -Zio 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 remost name of registered agent and the Tappicasia. DATE (NOTE Registered Agord's greature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D Delete TITLE Change Addition NORVIN, RIVAS NAME NAME 7900 SW 131 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP City-St-ZiP Detele ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE De ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ De ete THELE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 007-51-78 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED