2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2008 8:00 am **Secretary of State** DOCUMENT # P07000109444 1. Entity Name 02-22-2008 90018 015 ***150.00 ALL GREEN IRRIGATION SERVICES, INC. Principal Place of Business Mailing Address 14700 SW 248TH STREET 14700 SW 248TH STREET MIAMI FL 33032 MIAMI FL 33032 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 26-1222329 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARNER, MARGARET Street Address (P.O. Box Number is Not Acceptable) 18874 SW 76TH COURT **MIAMI FL 33157** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agont signature required when rainstating) 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. 11. TITLE President TITLE ☐ Addition ☐ Defete Garner, Margaret 14700 SW 248 St. Princeton, FL. 33032 MAME GARNER MARGARET NAME 18874 SW 76 COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE ☐ Detete TITLE Vice President Addition FALCONE, NICHOLAS NAME Falcone, Nicholas 14700 SW 248 St. STREET ADDRESS 18874 SW 76 COURT STREET ADDRESS OITY-ST-7/2 MIAMI FL 33157 CITY-ST-ZIP Princeton, Fl. 33032 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 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

FILED