2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000104347

Entity Name: LEVI'S LANDSCAPING & MAINTENANCE, INC.

Current Principal Place of Business:

10775 SW 190TH ST UNIT BAY 1
CUTLER BAY, FL 33157

New Principal Place of Business:

13949 SW 281 TER
MAIMI, FL 33030

Current Mailing Address:

10775 SW 190TH ST UNIT BAY 1
CUTLER BAY, FL 33157

New Mailing Address:

13949 SW 281 TER
MAIMI, FL 33030

FEI Number: 80-0259051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSLEY, LEVI
10775 SW 190TH ST UNIT BAY 1
CUTLER BAY, FL 33157 US

Name and Address of New Registered Agent:

MOSLEY, LEVI
13949 SWE 281 TRE
MIAMI, FL 33030 US

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.

SIGNATURE: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: MOSLEY, LEVI
Address: 13949 SW 281 TER
City-St-Zip: HOMESTEAD, FL 33033

Title: VP/T ( ) Delete
Name: MOSLEY, EVELINA
Address: 13949 SW 281 TER
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete
Name: MOSLEY, EVELINA
Address: 13949 SW 281 TER
City-St-Zip: HOMESTEAD, FL 33033

Title: VP/T ( ) Delete
Name: MACK, CORNISHA
Address: 13949 SW 281 TER
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete
Name: MACK, CORNISHA
Address: 13949 SW 281 TER
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNISHA MACK VP 04/30/2009
Electronic Signature of Signing Officer or Director — Date