## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000006190

Entity Name: SPIRIT LANDSCAPE DESIGNERS, INC.

FILED Apr 28, 2011 Secretary of State

| Linuty Name.   | OF INTELA    | NDOCALE DECICIONENO, INC        | ,                                  |                                      |  |
|--|--------------|---------------------------------|------------------------------------|--------------------------------------|--|
| Current Princi   | ipal Place o | of Business:                    | New Principal Place o              | of Business:                         |  |
| 9592 N. KEND.<br>MIAMI, FL 331                                 |              |                                 |                                    |                                      |  |
| Current Mailing Address:                                       |              |                                 | New Mailing Address                | New Mailing Address:                 |  |
| 9592 N. KEND.<br>MIAMI, FL 331                                 |              |                                 |                                    |                                      |  |
| FEI Number: 32-0   | 1299685      | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )    |  |
| Name and Address of Current Registered Agent: Name and Address |              |                                 |                                    | New Registered Agent:                |  |
| USME, CLAUD<br>9592 N. KEND,<br>MIAMI, FL 331                  | ALL DR.      |                                 |                                    |                                      |  |
| The above name in the State of F                               |              | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |  |
| SIGNATURE:   |              |                                 |                                    |                                      |  |
|  | Electronic   | c Signature of Registered Age   | ent                                | Date                                 |  |
| OFFICERS AN  | ID DIRECT    | ORS:                            |                                    |                                      |  |
| Title: P<br>Name: US   | ME. CLAUDIA  |                                 |                                    |                                      |  |

Name: USME, CLAUDIA
Address: 9592 N. KENDALL DR
City-St-Zip: MIAMI, FL 33176

Title: VP

 Name:
 SIEXAS, MARIA

 Address:
 8700 SW 182 TERRACE

 City-St-Zip:
 MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA USME P 04/28/2011