2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Feb 13, 2007 8:00 am Secretary of State DOCUMENT # P94000009683 1. Entity Name 02-13-2007 90014 047 ***150.00 RLM LAWN AND LANDSCAPE, INC. Principal Place of Business Mailing Address 10030 NW 35TH STREET HOLLYWOOD FL 33024 10030 NW 35TH STREET HOLLYWOOD FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0477655 Loopen Cooler City Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired υs VS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, RICHARD PRES 10030 NW 35TH STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33024 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 Signature, typed or printed name of registe (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PRES** THLE ☐ Delete TITLE Change Addition SMITH, RICHARD PRES. NAM NAME 10030 NW 35TH ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY - ST - ZIP CITY-ST-7IP VΡ Delete TITLE TITLE ☐ Change Addition SMITH, KATHLEEN V VICE P. NAME NAME 10030 NW 35 ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-7IP TITLE Delete THLE Change Addition SMITH, RICHARD DIR. NAME 3209 S. OCEAN DR. APT 2A STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-7IP CITY-ST-ZIP DIR TITLE ☐ Delete TITLE ☐ Change Addition SMITH, ROSEMARY DIR. NAME 3209 S. OCEAN DR. APT. 2A STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY - ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Addition NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

959-430-4200