2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000069486 05-03-2006 90217 044 ***150.00 CID LANDSCAPING & LAWN SERVICE, INC. Principal Place of Business Mailing Address 852 GARDENIA DR 852 GARDENIA DR ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 CR2E034 (11/05) Applied For City & State City & State 4 FELNumber 65-0522630 Not Applicable Zip Country Zip 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 CID, DIEGO 852 GARDENIA DRIVE Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH, FL 33411 City FL 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 registered agent and #5e if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Addition Delete TITLE ☐ Change CID, YIMAHI NAME STREET ADDRESS 852 GARDENIA DR STREET ADDRESS CITY-ST-ZIP ROAYL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information indicated on this report or supplier of the corporation or the receiver of spoplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information pital 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 uses 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 attachmer address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

5/1/06

561-193-9916

☐ Change

☐ Addition

Daytime Phone #

FILED