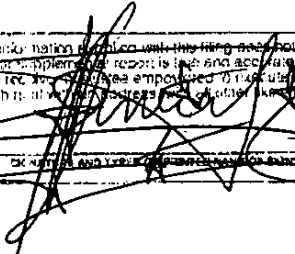


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P95000074537					
1. Entity Name DELTA FORCE LANDSCAPING SERVICE INC.					
Principal Place of Business 1663 N.E. 179TH STREET MIAMI, FL 33162			Mailing Address 1663 N.E. 179TH STREET MIAMI, FL 33162		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0617461	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required ☐ Apply for Not Applicable	
6. Name and Address of Current Registered Agent HERRERA, ELEAZAR A 1663 N.E. 179TH STREET MIAMI, FL 33162			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. The above named entity subscribes to 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 _____ By signing this form, I agree to the information provided and the information provided. NOTE: Registered agent signature required with filing. DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
PD	ELEAZAR, HERRERA A	1663 N.E. 179TH STREET	NORTH MIAMI BEACH, FL 33162		
12. I hereby certify that the information provided on this filing meets the quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 fee, and that I am empowered to file 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 attached list of changes, or other, as required.					
SIGNATURE: 			ELEAZAR A. HERRERA PRESIDENT 06/03/05		
OK NOTARIAL AND TYPE OR PRINT NAME OF NOTARIAL OFFICER OR DIRECTOR			P.O. (305) 799-7930		



05032005 Chg-P CR2E084 (10/03)

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