


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P97000009593</b><br>1. Entity Name<br>NATIVE SUN LAWN CARE, INC. |  |
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| Principal Place of Business<br>7750 NW 41 STREET<br>HOLLYWOOD, FL 33024 | Mailing Address<br>7750 NW 41 STREET<br>HOLLYWOOD, FL 33024 |
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07032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>65-0730395                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>ESPOSITO, MARIO<br>7750 NW 41 STREET<br>HOLLYWOOD, FL 33024 |
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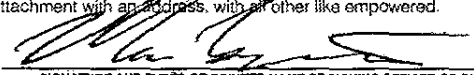
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | U00000767898<br>07/10/07-80025-001 150.00 |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   | DATE _____                                |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ESPOSITO JR, MARIO<br>7750 NW 41 STREET<br>HOLLYWOOD, FL 33024            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ESPOSITO SR, MARIO<br>43300 N STATE RD 7 BOX F663<br>HOLLYWOOD, FL 33021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |
| SIGNATURE:  7/10/07 (954) 600-5419  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>   |