2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90563 007 ***155.00 DOCUMENT # P97000017622 JOE'S LANDSCAPING, INC. 400100 --Principal Place of Business Mailing Address 10344 NW 128TH TERR. 10344 NW 128TH TERR. HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0731041 Not Applicable Zip Country Zio 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 RIVERA, SOFIA Street Address (P.O. Box Number is Not Acceptable) 10344 NW 128TH TERR. HIALEAH, FL 33016 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 title it applicable thioff lines; stored Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contabution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST 1001.5 96.3 ☐ Delete ☐ Addition RIVERA, SOFIA Nave STREET ADDRESS 10344 NW 128TH TERR. 5-896 A008855 CITY-ST-ZIP HIALEAH, FL 33016 037-8-22 TALE ☐ Delete 767 5 ☐ Change ☐ Addition RESAS STREET ADDRESS STREET CORESS CITY-ST-ZIP CIZ TITLE Delete 10128 Change Addition NAME N=75 STREET ADDRESS STREE AN INESS C07Y-ST-7IP Ob 81.79 TITLE Dolote 18.3 Change ☐ Addition NAME N=70 STREET ADDRESS S*R-F 4 : 14-3S C:TY-SI-ZIP 017-21-49 TITLE TIT E Delete ☐ Change Addition NAME Nati-STREET ADDRESS \$18,08T 100PICSS CITY-ST-ZIP Ch : 20 TITLE Delete W.L Change ☐ Addition NAME 11-17

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my a greature shar 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 period 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.

SBI NOUS

07/-37-19

SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Duvtime Phone ≇

FILED