


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90282 035 \*\*\*150.00

**DOCUMENT # P97000017622**

1. Entity Name  
**JOE'S LANDSCAPING, INC.**



Principal Place of Business  
**10344 NW 128TH TERR.  
 HIALEAH, FL 33016**

Mailing Address  
**10344 NW 128TH TERR.  
 HIALEAH, FL 33016**

2. Principal Place of Business - No P.O. Box #  
**19500 SW Griffin Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**19500 SW Griffin Rd**  
 Suite, Apt. #, etc.



04102007 Chg-P CR2E034 (12/06)

City & State  
**Fort Lauderdale FL Fort Lauderdale FL**

Zip Country  
**33332 USA 33332 USA**

4. FEI Number  
**65-0731041**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIVERA, SOFIA**  
**10344 NW 128TH TERR.**  
**HIALEAH, FL 33016**

7. Name and Address of New Registered Agent  
 Name **Rivera, Sofia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19500 SW Griffin Rd**  
 City **Fort Lauderdale FL** Zip Code **33332**

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: *Sofia Rivera*  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RIVERA, SOFIA 10344 NW 128TH TERR. HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RIVERA, SOFIA 19500 SW Griffin Rd Fort Lauderdale FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sofia Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #