2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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May 03, 2004 8:00 am Secretary of State DOCUMENT # P97000069262 1. Entity Name 05-03-2004 90678 036 ***150.00 FULL LANDSCAPING JOBS, INC. Principal Place of Business Mailing Address 871 WEST 45 PLACE 571 WEST 45 PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address O Box 1305008 Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0775308 Not Applicable Zip 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 MARTINEZ, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 571 WEST 45 PLACE HIALEAH FL 33012 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 if applicable. DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE Addition ☐ Delete NAME MARTINEZ, ROLANDO NAME STREET ADDRESS 571 WEST 45 PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP VD Delete ☐ Change Addition LEMUS, MARVIN NAME MAME 571 WEST 45 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Delete TITLE SD TITLE Change ☐ Addition NAME LEMUS, SAUL NAME STREET, ADDRESS 571 WEST 45 PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Delete Addition GUEVARA, JOSE NAME 571 WEST 45 PLACE STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trystee employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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