2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P97000079534 1. Entity Name 04-02-2004 90029 003 ***158.75 COCONUTZ LANDSCAPE, INC. Principal Place of Business Mailing Address 20300 SW 177 AVE 20300 SW 177 AVE 54025638 **MIAMI FL 33187** MIAMI FL 33187 2. Principal Place of Business 23901 SW 201 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0769650 Miami Not Applicable ountry Bountry \$8.75 Additional Dade 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, ROBIN D 20975 SW 220 STREET MIAMI FL 33170 -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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F Delete TITLE ☐ Change Addition STANTON, SCOTT L NAME NAME STREET ADDRESS 1001 NORTH SHORE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP DPS TITLE Delete TITLE Change Addition BROWN, ROBIN D NAME NAME 9040 SW 171 Terrace STREET ADDRESS 20975 SW 220 STREET STREET ADDRESS CITY-ST-7IP MIAMI FL 33170 CITY-ST-ZIP TITLE __ Detete TITLE Change __ Addition_ NAME HEPP, EDWARDO C STREET ADDRESS 1020 N. SHORE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BCH. FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR