## FILED Jan 24, 2008 8:00 am Secretary of State

Davime Phone #

| 2008 | FOR PROFIT CORPORATION |
|------|------------------------|
|      | ANNUAL REPORT          |
|      |                        |

| NAME STREET ADDRESS CITY-SI-ZIP TITLE TS NAME SARET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP  | DOCUMENT # P9700094625  1. Enlity Name SUNSHINE LANDSCAPING COMPANY |   |                                       |                       |                              |   | 01-24-2008   | _                                 |   |                            |
|--|---|---|---------------------------------------|-----------------------|------------------------------|---|--|-----------------------------------|---|----------------------------|
| 8597 TOURMALINE BLVD BOYNTON BEACH, FL 33437 US 8071 TOURMALINE BLVD BOYNTON BEACH, FL 33437 US 8071 TOURMALINE BLVD Suite, ADI. *. etc.  Suite, ADI. *. etc   | Principal Place of Business Mailing Address                         |   |                                       |                       |                              | Alluna                                      | , -  |                                   |   |                            |
| Suries   |   |   |                                       |                       |                              |   |  |                                   | <b>a</b> iii <b>a 2200</b> i <b>a</b> 6 | <b>     </b>               |
| City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Cerriciaes of Status Desired  \$8.75 Additional recommend of Status Desired  S8.75 Additional recommend of Status Desired Agents  S8.75 Additional recommend of Status Desired Agents  S8.75 Additional recommend of Status Desired Agents  Status Desired  S8.75 Additional recommend of Status Desired Agents  Status Desired  Status  | 2. Principal Place of Business - No P.O. Box # 3.                   |   |                                       | 3. Mailing Address    |                              |   |  |                                   |   |                            |
| Signature   Sign     | Suite, Apt.   |   |                                       |                       |                              |   | Chg-P  | CR2E034                           | (12/06)                                 |                            |
| S. Cernical of Satura Desired   Fee Required   Fe     |   | <i>y</i> .                              |                                       |                       |                              |   |  |                                   |   |                            |
| Name    Street Address (P.O. Box Number is Nox Acceptable)   | Zip   |   |                                       |                       | untry                        |   |  |                                   |   |                            |
| SSOP TOURNALINE BLVD BOYNTON BEACH, FL 33437  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent with the State of Florida. It am familiar with, and accept the obligations of registered agent with the State of Florida. It am familiar with, and accept the obligations of registered agent with the State of Florida. It am familiar with, and accept the state of Flor   |   | 6. Name and Address of                  | of Current Registered Age             | ent _                 | NI====                       | 7. Name and a                               | Address of New R   | egistered Ag                      | ent -                                   |                            |
| 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 Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbox   S   | 8597 TOU  | RMALINE BLVD.                           |                                       |                       |                              |   |  |                                   |   |                            |
| 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 Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbox   S   |   |   |                                       |                       | City                         | .,,,  |  | Г                                 | Zip Code                                | e !                        |
| SIGNATURE    Superbury has been an entire of legistered agent and pine" and    | 8. The above  | named entity submits this st            | atement for the purpose of            | changing its registe  | ered office or registe       | ered agent, or both                         | n, in the State of Flo   |                                   | niliar with,                            | and accept                 |
| THE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIFFECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  MAME  VAZQUEZ, MARCOS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE  TS  SIREEL ADDITIONS  SI | _   | ions or registered agent.               |                                       |                       |                              |   |  |                                   |   |                            |
| After May 1, 2008 Fee will be \$550.00  Trust Funct Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE   PM   | SIGNATURE -   | Signature, typed or printed name of re- | pstered agent and title if applicable | (NOTE Registe         | ered Agent signature require | ed when remetating)                         |  | DATE                              |   |                            |
| TITLE NAME NAME VAZQUEZ, MARCOS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |   |   | U.UU                                  |                       | · _ •                        |   |  |                                   |   |                            |
| NAME SIREEL ADDRESS CITY-SI-2IP  TITLE TS AZQUEZ, JEISHA M SIREEL ADDRESS CITY-SI-2IP  TITLE MAME SIREEL ADDRESS CITY-SI-2IP  TITLE MAM   | 10.   | OFFIC                                   | ERS AND DIRECTORS                     | 11                    | 1.                           | ADDITIONS/C                                 | CHANGES TO OFF   | CERS AND D                        | IRECTORS                                | SINTI                      |
| NAME SIREET ADDRESS CITY-S1-ZIP Delete Delete Delete DITLE NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET DELET DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET DELET NAME SIREET ADDRESS CITY-S1-ZIP DELET NAM   | NAME<br>STREET ADDRESS  | VAZQUEZ, MARCOS<br>8597 TOURMALINE BL   | VD                                    | NJ<br>S1              | AME<br>TREET ADORESS         |   |  |                                   | ☐ Change                                | ☐ Addition                 |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST   | NAME<br>STREET ADDRESS  | VAZQUEZ, JEISHA M<br>8597 TOURMALINE BL | VD                                    | N)<br>SI              | AME<br>TREET ADDRESS         |   |  | Ĺ                                 | Change                                  | Addition                   |
| NAME STREET ADDRESS CITY-S1-ZIP  TITLE   Delete   ITILE   NAME STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-S1-ZIP   Change   Addition   ITILE   Addition   Addition   ITILE   Addition   Addition   ITILE   Addition   Addition   ITILE   Addition   ITILE   ADDRESS   ITILE     | NAME<br>STREET ADDRESS  |   |                                       | si                    | AME<br>TREET ADDRESS         |   |  |                                   | Change                                  | Addition                   |
| NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  111LE NAME STREET ADDRESS CITY-ST-ZIP  111LE NAME STREET ADDRESS CITY-ST-ZIP  111LE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  111LE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  111LE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME   | NAME<br>STREET ADDRESS  |   | (                                     | NA<br>TS              | ame<br>Treet address         |   | •  | C                                 | □ Change                                | ☐ Addition                 |
| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director.  | NAME<br>STREET ADDRESS  |   | [                                     | NA<br>13              | AME<br>FREET ADDRESS         |   |  | C                                 | □ Change                                | ☐ 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 path; that I am an officer or director   | NAME  |   |                                       | N/                    | AME                          |   |  |                                   | Change                                  | ☐ Addition                 |
| SIGNATURE: (54) 733-272.7  | 12. I hereby of indicated   | on this report or supplemen             | tal report is true and accur          | not qualify for the e | exemptions containe          | e same legal effect<br>07, Florida Statutes | as if made under on the control of t | oath; that I am<br>e appears in E | an officer<br>Block 10 or               | or director<br>Block 11 if |