2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2004 8:00 am Secretary of State

DOCUMENT # P97000103552 1. Entity Name EXPERT LAWN AND PROPERTY MAINTENANCE, INC.								03-31-2004 90015 041 ***158.75					
EAFERT LAVVIV AND PROPERTY IMAINTENANCE, INC.								!					
Principal Plac	e of Busines	s		Mailing Address	<u> </u>								
16365 SW 84 PLACE				16365 SW 84 PLACE									
MIAMI, FL 33157				MIAMI, FL 33157									
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2. Principal Place of Business				3. Mailing Address									
10523 SW 185 TEER.				16523 SW 185 TERRALE									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03252004	Chg-P	CR2E	034 (10/03)		
City & State				City & State				4. FEI Numb	e r		Ap	plied For	
Miamite				MIMMI FL Zip Country				65-080	1296			t Applicable	
Zip	Zip Country 33157 MIMMI-DADE			Zip 22157	am-D	5. Certificate of Status Desire			V	\$8.75 Add Fee Required			
251				33157 legistered Agent	11/1/2	1771-12		7. Name and	d Address of New F	legistered	<u>.</u>	<u>'</u>	
							<u>-</u>						
MORRISON, ERNEST								MORRISON, STACEY Y. set Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	E			Girber Al	Street Address (F.O. Box Nutriba) is Not Acceptable)								
							15233 SW 108 PLACE						
								City - Zin Code					
6. The above	named entit	v submits this	statement for	the purpose of changing	its register		M _A		oth, in the State of Flo				
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SIGNATURE	X	town	1							03/29	104		
JIGIVATORE.	Signature, typed	or printed parts of a	egiste ed agent ar	nd title if applicable. (N	OTE: Registere	ed Agent signatu	re required	when reinstating)		DATE			
				O Flaction Com	asian Fina		-	00]				
	FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
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	L	e information s	upplied with	this filing does not qualify			ed in So	ction 119 07/91	(i). Florida Statutee	I further co	rtify that the in	formation	
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 is shall have the same legal effect as if made under oath; that I am an officier or director of the compression or the required to take the compression or the required to take the compression of the compression or the required to take the compression of the comp													
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: \(\frac{305}{2904} = \frac{305}{254-0933} = \frac{33}{2904} = \frac{305}{254-0933} = \frac{305}{254-													
SIGNAT	URE:	Ah	1000	7/					03/29/04	(30	15) 254	-0933	