


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000014645</b> 1. Entity Name <b>ENVIRONMENTAL LANDSCAPE ASSOCIATES, INC.</b>	
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Principal Place of Business <b>P O BOX 561661 MIAMI, FL 33256-1661</b>	Mailing Address <b>P O BOX 561661 MIAMI, FL 33256-1661</b>
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03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0814978</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ESCAGEDO, GREGORIO III 13160 OLD CUTLER ROAD MIAMI, FL 33156</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE <b>D</b>	NAME <b>ESCAGEDO, GREGORIO III</b>
STREET ADDRESS <b>13160 OLD CUTLER ROAD</b>	CITY-ST-ZIP <b>MIAMI, FL 332561661</b>
TITLE <b>D</b>	NAME <b>ESCAGEDO, ROSA M</b>
STREET ADDRESS <b>13160 OLD CUTLER ROAD</b>	CITY-ST-ZIP <b>MIAMI, FL 332561661</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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07/03/06-80002-005 550.00

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:**  **JUNE 28, 2006** **305-665-9271**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #