

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000038261		
1. Entity Name COMPLETE LANDSCAPING INC.		
Principal Place of Business 424 LAKEVIEW DR. 204 BLDG. 89-B FORT LAUDERDALE, FL 33326		Mailing Address 424 LAKEVIEW DR. 204 BLDG. 89-B FORT LAUDERDALE, FL 33326
DO NOT WRITE IN THIS SPACE		
		 01112004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0838358		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SERRANO, FRANCISCO U 424 LAKEVIEW DR. 204 BLDG. 89-B FORT LAUDERDALE, FL 33326		
		DO NOT WRITE IN THIS SPACE
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:  01-11-04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SERRANO, FRANCISCO U 424 LAKEVIEW DR. 204 BLDG. 89-B FORT LAUDERDALE, FL 33326	
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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 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:  01-11-04 964-669-7876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		