2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2005 8:00 am Secretary of State

ANNOAE KEI OKI						Secretary or State			
1. Entity Nam	MENT # P98000094 E DESIGN LANDSCAPING				07-13-2005	90016 033 ***			
Principal Plac	e of Business	Mailing Address			7	<i>5000</i> ,			
1108 MANDARIN ISLE FT LAUDERDALE, FL 33315		1108 MANDARIN ISLE FT LAUDERDALE, FL 33315			200	•			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052005	Chg-P	CR2E034 (10/	03)		
City & State		City & State			4. FEI Number 65-0879235			Applied For Not Applicable	
Zip	Country	Zìp	Countr	ſy		of Status Desired	Fee Rec	Additional quired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WILLIAMS, SUZANNE E 633 SE THIRD AVE				Name 2 Williams Street Address (P.O. Box Number is Not Acceptable)					
SUITE(4F) FORT LAC	DERDALE, FL 33301			500	te 30	JUG HK	e noe		
Л			Ī	City					
8. The above named entry 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 a								with and accept	
the obligat	lions of registered agent.					,,	, or our visit vis	mm, and dodopt	
SIGNATURE.	Signature, yeard or printed name of registered agent in	and title if applicable. (NOTE: F	Registered	Agent signature requi	ired when reinstating)		7-5-C	<u> </u>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fine Trust Fund Contribution				·	5.00 May Be dded to Fees	In accordance corporation did	with s. 607.193(2) I not receive the pr	(b), F.S., the nor notice.	
10.	OFFICERS AND	DIRECTORS	11.	1 4	ADDITIONS	I /CHANGES TO OF	FICERS AND DIRECT	TORS IN 11	
TITLE	D Delete Ti		TITLE				☐ Cha	nge 🔲 Addition	
NAME	•		NAME	- 1					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
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CITY-ST-ZIP			CITY-S	I .					
TITLE	☐ Delete		TITLE				☐ Cha	nge 🔲 Addition	
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CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME			TITLE NAME				☐ Chai	nge 🔲 Addition	
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TITLE		☐ Delete	FITLE				☐ Cha	nge 🔲 Addition	
NAME			NAME	l l			•		
STREET ADORESS CITY-ST-ZIP			STREET	T ADDRESS					
	 certify that the information supplied with	this filing does not qualify for the			Section 119 07/21	(i) Florida Statutos	Éfurther certify that t	the information	
	, and the anemation supplied will	and ming account of quality for the	UNDI	Priori Sidiou III		, , , , , , , , , , , , , , , , , , ,	. Francisco Cordiy diği, i	TOUBLING THE	

2. Thereby certify that the information supplied with first litting does not quality 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 his 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05

Daytime Phone if