2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-04-2005 90042 047 ***150.00

DOCUMENT # P98000102428

1. Entity Name
LANDSCAPE ARCHITECT'S COLLABORATIVE, INC.

Principal Place of Business	Mailing Address
4310 W. BROWARD BLVD. FORT LAUDERDALE, FL 33317 US	4310 W. BROWARD BLVD. FORT LAUDERDALE, FL 33317 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0880814
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MODAS, DANIEL A
1215 SE 2ND AVE, #202
FORT LAUDERDALE, FL 33335

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE IS $150.00.
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAUBENTHAL, THOMAS J
STREET ADDRESS	1901 SW 52NDE AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VD
NAME	VINOT ZIMMERMAN, KIM
STREET ADDRESS	1961 SW 68 AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
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

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: Daniel Modas MOM 3/7/05 9543271955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR LIMITED PARTNERSHIP TO SIGN Date Daytime Phone #

RECEIVED
MAR 07 REC'D
BY: _____