

**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.	
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Principal Place of Business 4310 W. BROWARD BLVD. FORT LAUDERDALE, FL 33317 US	Mailing Address 4310 W. BROWARD BLVD. FORT LAUDERDALE, FL 33317 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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.

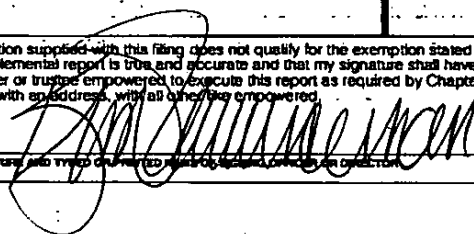
SIGNATURE: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUBENTHAL, THOMAS J 1901 SW 52NDE AVE. PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VINOT ZIMMERMAN, KIM 1961 SW 68 AVE. PLANTATION, FL 33317
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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 officers empowered.

SIGNATURE:  3/7/05 9543271955
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

RECEIVED
MAR 07 REC'D
BY: _____