2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 PM 2:34

07/18/05 90048 026 $150.00

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DOCUMENT # P99000031857

1. Entity Name
ARRIETA LANDSCAPE CORP

Principal Place of Business
16251 NW 129TH AVE.
MIAMI, FL 33018

Mailing Address

2. Principal Place of Business: 16251 NW 129th Ave
Suite, Apt. #, etc.
City & State: Miami, Fl
Zip: 33018
Country: Brevard

3. Mailing Address: 8622 NE 12th Lane
Suite, Apt. #, etc.
City & State: Okeechobee, Florida
Zip: 34972
Country: Okeechobee

4. FEI Number: 65-0909650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARCEDA, ZENELIA
19403 NW 23 PLACE
PEMBROKE PINE, FL 33029

7. Name and Address of New Registered Agent
Name: Nora Izquierdo
Street Address (P.O. Box Number is Not Acceptable): 8622 NE 12th Lane
City: Okeechobee FL Zip Code: 34972

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: Nora Izquierdo — 8-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARRIETA, SERGIO 19403 NW 23 PLACE PEMBROKE PINE, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD ARRIETA, ZENELIA 19403 NW 23 PLACE PEMBROKE PINE, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ 8-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #