


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000035692</b>	
1. Entity Name <b>AMAZING GREENS LANDSCAPE, INC.</b>	

Principal Place of Business	Mailing Address
1200 N. FORT LAUDERDALE BEACH BLVD #504 FT. LAUDERDALE, FL 33304	1200 N. FORT LAUDERDALE BEACH BLVD #504 FT. LAUDERDALE, FL 33304

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0934398</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

**6. Name and Address of Current Registered Agent**

BERNBAUM, MICHAEL  
1200 N. FORT LAUDERDALE BEACH BLVD  
#504  
FT. LAUDERDALE, FL 33304

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! 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

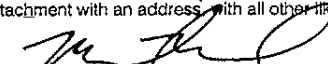
1100000204069  
01/29/05-80055-023 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	CO
NAME	BERNBAUM, MICHAEL
STREET ADDRESS	1200 N. FORT LAUDERDALE BEACH BLVD #504
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	CO
NAME	HUTCHERSON, WAYDE
STREET ADDRESS	1200 N. FORT LAUDERDALE BEACH BLVD #504
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
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)(j), 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 title empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Date

954 568 0366

Daytime Phone #