


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90146 015 ***150.00

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA 000057984 1. Entity Name Tropic Star Landscaping Inc	
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40066836

DO NOT WRITE IN THIS SPACE

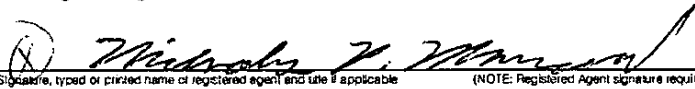
2. Principal Place of Business 4551 NW 15 St Suite, Apt. #, etc.	3. Mailing Address 4551 NW 15 St Suite, Apt. #, etc.
City & State Ft Lauderdale	City & State Ft Lauderdale FL
Zip 33309	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 165-0441265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Nicholas Marchand	
	Street Address (P.O. Box Number is Not Acceptable)	
	City Ft Lauderdale FL Zip Code 33309	

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 **4-15-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIT/VP Nicholas Marchand 4551 NW 15 St Ft Laud FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-15-05** (954) 772-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #