

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S05252

1. Entity Name
EXCLUSIVE NURSERY & LANDSCAPE, INC.



Principal Place of Business
1930 W 84TH ST
HIALEAH, FL 33014

Mailing Address
1930 W 84TH ST
HIALEAH, FL 33014

2. Principal Place of Business

7634 NW 167 ST

Suite, Apt. #, etc.

MIAMI Florida

City & State

33015

Zip

Country

Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0228369

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JULIO
7634 NW 167 ST
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name
Corporate Process Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

2300 Coral Way, Suite 201

City Miami

FL

Zip Code 33145

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

Deacon Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/9/05

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
SANCHEZ, JULIO
7634 NW 167 ST
MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
CLAUDIA, SANCHEZ
7634 NW 167 ST
MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300054751703
05/19/05--01004--002 **158.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ 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: *J Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05. (305) 8560056

Date

Daytime Phone #