## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 04, 2005 08:00 AM DOCUMENT # S71555 **Secretary of State** 1. Entity Name CAD LANDSCAPE, INC. Principal Place of Business Mailing Address 1901 SW 52 AVE 1901 SW 52 AVE FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33317 No Chg-P 02012005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0343128 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LAUBENTHAL, THOMAS J 1901 SW 52 AVE FORT LAUDERDALE, FL 33317 IN THIS SPACE 1. 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, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LAUBENTHAL, THOMAS J. NAME STREET ADDRESS 1901 SW 52ND AVE CITY-ST-ZIP PLANTATION, FL == 000000215827 02/05/05-80024-010 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 applications, with all other like empowered.

IG OFFICER OR DIRECTOR

FILED

954-327-1955

Derime Phone #