

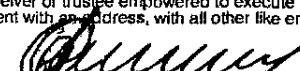


FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V20910				Apr 07, 2005 08:00	
1. Entity Name SUNSET TROPICAL LANDSCAPE, INC.				Secretary of State	
Principal Place of Business 5510 NW 54 LANE COCONUT CREEK, FL 33073 US		Mailing Address PO BOX 875 DEERFIELD BEACH, FL 33443 US			
					
				03142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0322277		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
GOMES, JOSE CARLOS 5510 NW 54 LANE COCONUT CREEK, FL 33073					
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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTS GOMES, JOSE CARLOS 5510 NW 54 LANE COCONUT CREEK, FL 33073			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP GOMES, IEDA 5510 NW 54 LANE COCONUT CREEK, FL 33073			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 an address, with all other like empowered.					
SIGNATURE: 		03/15/05 954 6752344			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			