


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90063 019 \*\*\*150.00

<b>DOCUMENT # V41104</b> 1. Entity Name N.A. LAND CLEANING INC.	
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Principal Place of Business 7060 S.W. 13 TERRACE MIAMI, FL 33144	Mailing Address 8404 SW 40TH STREET MIAMI, FL 33155
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**50002964**

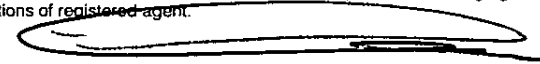


2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10720 CARIBBEAN BLVD Suite, Apt. #, etc. 440 City & State MIAMI, FL Zip 331899
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01112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0337221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGOBERTO VALDES 8404 S.W. 40 STREET MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name Nancy Neibaur Street Address (P.O. Box Number is Not Acceptable) Neibaur & Associates, P.A., C.P.A.'S 10720 Caribbean Blvd., Suite 440 City Miami FL Zip Code 33189	

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: 1-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, EVELIO <input type="checkbox"/> Delete 7060 SW 13 TERR MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Navarro Alberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7060 SW 13 Terr Miami, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NAVARRO, EVIDIO <input type="checkbox"/> Delete 1040 S.W. 70 AVENUE MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Evelio Navarro, President 1/11/05 305-261-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #