

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90032 006 \*\*\*150.00

**DOCUMENT # F00000001219**  
 1. Entity Name  
**AMERINATIONAL COMMUNITY SERVICES, INC.**



Principal Place of Business: **8121 E FLORENCE AVE, DOWNEY, CA 90240**  
 Mailing Address: **217 SOUTH NEWTON AVE, ALBERT LEA, MN 56007**

**50007845**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State: City & State  
 Zip: Country Zip: Country

4. FEI Number: **41-1951655**  
 Applied For: Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REPANTI, VERONICA A**  
**10012 NORTH DALE MABRY, HWY. #209**  
**TAMPA, FL 33618**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TEWES, PATRICIA 217 SOUTH NEWTON AVE ALBERT LEA, MN 56007	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEMAN, LINDA 105 THE FAIRWAY ALBERT LEA, MN 56007	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TORRES, MICHAEL 8121 E FLORENCE AVE DOWNEY, CA 90240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THORSON, ADRIENNE 217 SOUTH NEWTON AVE ALBERT LEA, MN 56007	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GARY 217 SOUTH NEWTON AVE ALBERT LEA, MN 56007	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTIER, DANIEL 2917 HILLSVIEW EAST ROSEVILLE, MN 55113	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / C SEIDEL, JOHN P. 1578 UNIVERSITY AVENUE WEST ST. PAUL, MN 55104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYUM, NORLIN G. 1578 UNIVERSITY AVENUE WEST ST. PAUL, MN 55104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / EVP TORRES, MICHAEL 8121 E. FLORENCE AVENUE DOWNEY, CA 90240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / P / I / S THORSON, ADRIENNE L. 217 SOUTH NEWTON AVENUE ALBERT LEA, MN 56007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MEARA, BARRY 1874 BRENNER AVENUE ROSEVILLE, MN 55113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:** \_\_\_\_\_ **MICHAEL TORRES** **JANUARY 21, 2005** **562-927-6686**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #