


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90022 020 ***150.00

DOCUMENT # F02000005849

1. Entity Name
ALTADIS MANAGEMENT SERVICES CORPORATION




Principal Place of Business Mailing Address
5900 N. ANDREWS AVENUE **5900 N. ANDREWS AVENUE**
FORT LAUDERDALE, FL 33309 **FORT LAUDERDALE, FL 33309**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02152005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
01-0610671 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLIS, GARY R
5900 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

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	CP	<input type="checkbox"/> Delete
NAME	FOLZ, THEO	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, GARY R	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEDENO, JHONNY	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SETRAKIAN, BERGE	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **JHONNY CEDENO** 2/18/05 954-772-9000

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