2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2005 08:00 AM DOCUMENT # H97037 **Secretary of State** 1. Entity Name PASVANTIS SERVICE, INC. Principal Place of Business Mailing Address 887 SE 13TH STREET DEERFIELD BEACH FL 33441-7049 5391 N. FEDERAL HWY POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2631407 Not Applicable Country Zip Zip **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAFFNER, JERROLD E. 2395 DAVIE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 Zip Code FL 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, typod or printed name of registered agent and tific if applicable ____(NOTE_Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Change ☐ Addition TITLE Delete NAME PASVANTIS, VASILIOS NAME U00000227064 STREET ADDRESS STREET ADDRESS 887 SE 13TH_STREET 02/12/05-80041-004 150.00 CHY-ST-ZIP DEERFIELD BEACH FL CITY-ST ZIP Change ☐ Addition ☐ Delete HUE TITLE NAM! PASVANTIS, ELEFTHERIA NAME STREET ADDRESS 887 SE 13TH STREET STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete Diff TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CHY-SI-7IP ☐ Addition TULE ☐ Change Delete Tille NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY ST-ZIP Change Addition Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

V. PAS VANTIS 2-10-05 (954) 426605
SIGNING OFFICER OR DIRECTOR

Date Date Dayrese Phone is