2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

Feb 03, 2005 08:00 AM DOCUMENT # L80216 **Secretary of State** 1. Entity Name CARRIER MANAGEMENT SERVICES INC. Principal Place of Business Mailing Address % CHARLES PACE 1370 SOUTH OCEAN BLVD., APT.#2702 POMPANO BEACH FL 33062 % CHARLES PACE 1370 SOUTH OCEAN BLVD., APT.#2702 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0200110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACE, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1370 S OCEAN BLVD., APT. 2702 POMPANO BEACH FL 33062 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when relinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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. TITLE PD ÜÜE ☐ Change ☐ Addition Delete NAME PACE, CHARLES NAME U00000213298 STREET ADDRESS STREET ADDRESS 1370 S OCEAN BLVD 02/03/05-80064-003 158.75 CITY-ST-ZIF POMPANO BEACH FL CITY - ST - ZIP SD ☐ Chanαe ☐ Addition TITLE ☐ Delete THE PACE, THOMAS D. NAME NAME STREET ADDRESS STREET ADDRESS 1370 S OCEAN BLVD CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DIE ☐7 Defete ппЕ NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - ZIP Delete TeT(EChange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 epipowered 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.

RES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

984-781-7671

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