FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91113 008 ***150.00

DOCUMENT # P00000084483

1. Entity Name

ANNIA A SERVICES Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8150 SW 8th Street	8150 SW 8th Street
Suite, Apt. #, etc. # 108	Suite, Apt. #, etc. 108
City & State Miami, F	City & State Miami Fl
Zip 33144 Country Miami-Dade	Zip 33144 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038270 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ANNIA A. PEREZ
STREET ADDRESS	8150 S W 8TH ST 108
CITY-ST-ZIP	Miami Fl 33144
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ANNIA A. PEREZ , 04/24/02 305-2644638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #