


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0200011446**  
 1. Entity Name  
**IMMIGRATION SERVICES, INC.**



Principal Place of Business      Mailing Address  
 11 7TH AVE NE                      11 7TH AVE NE  
 N/A    RUSKIN, FL 33570  
 RUSKIN, FL 33570

**DO NOT WRITE IN THIS SPACE**



01142008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>81-0579161</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 POULIANOS, MARIANTHE  
 11 7TH AVE NE  
 RUSKIN, FL 33570

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

000000787299  
 01/17/08-80078-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POULIANOS, MARIANTHE 11-7TH AVE. N.E. RUSKIN, FL 33570
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *M. Poulianos*      **MARIANTHE POULIANOS**      *1/14/08*      *813-649-1017*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #