


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000013943**

1. Entity Name  
**DONSECO SERVICES, INC.**



Principal Place of Business  
**10900 S.W. 105TH AVENUE  
 MIAMI, FL 33176**

Mailing Address  
**10900 S.W. 105TH AVENUE  
 MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0172549** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDRA ROLON & ASSOCIATES  
 9050 PINES BOULEVARD  
 SUITE 205  
 PEMBROKE PINES, FL 33024**

**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 **08/22/07-80004-006 150.00**

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  
 Due by September 14, 2007**

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

*In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONNELLY, MARK P 1900 S.W. 105TH AVENUE MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

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: Mark P Donnelly 8-1-07

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