

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096180

FILED
Apr 29, 2005
Secretary of State

Entity Name: SENTINEL INVESTMENT SERVICES, INC.

Current Principal Place of Business:

14892 SW 9 LANE
MIAMI, FL 33194

New Principal Place of Business:

2223 SW 153 PATH
MIAMI, FL 33185

Current Mailing Address:

PO BOX 940626
MIAMI, FL 331940626

New Mailing Address:

FEI Number: 90-0107377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUL GASTESI & ASSOCIATES P.A.
8105 NW 155TH STREET
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CABALLERO, GABRIEL
Address: 14892 SW 9 LN
City-St-Zip: MIAMI, FL 33194

Title: VS () Delete
Name: CABALLERO, TERESITA
Address: 14892 SW 9 LN
City-St-Zip: MIAMI, FL 33194

Title: SC () Delete
Name: CABALLERO, GABRIEL J
Address: 25 NW 64 AV
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CABALLERO, GABRIEL
Address: 2223 SW 153 PATH
City-St-Zip: MIAMI, FL 33185

Title: VS (X) Change () Addition
Name: CABALLERO, TERESITA
Address: 2223 SW 153 PATH
City-St-Zip: MIAMI, FL 33185

Title: SC (X) Change () Addition
Name: CABALLERO, GABRIEL J
Address: 15359 SW 23 LANE
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL CABALLERO SR.

PT

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date