
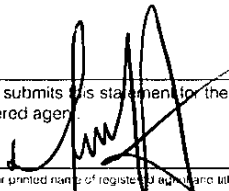
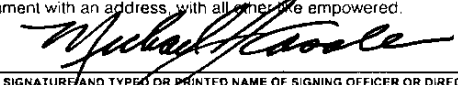


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

61.22

DOCUMENT # P04000016622 1. Entity Name CARDIF SERVICES, INC.						FILED 07 MAY 15 AM 8:31 HALL COUNTY, FLORIDA	
Principal Place of Business 14000 SW 119TH AVENUE SUITE 207 MIAMI, FL 33186 US				Mailing Address 14000 SW 119TH AVENUE SUITE 207 MIAMI, FL 33186 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 37-1484076				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA-LINARES, MANUEL A ESQUIRE 201 S. BISCAYNE BOULEVARD SUITE 1000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MILLOR, MANUEL J 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Starrett, Cynthia J. 14000 SW 119th Avenue, Suite 207 Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASALE, MICHAEL J 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer Ginsberg, Michael D. 14000 SW 119th Avenue, Suite 207 Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WIERNMAN, JOHN 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wierman, John 14000 SW 119th Avenue, Suite 207 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MANNING, VINCE 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Manning, Vince G. 14000 SW 119th Avenue, Suite 207 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SLATON, KEVIN L 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP Furrow, Kenneth W. 14000 SW 119th Avenue, Suite 207 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FURLOW, KENNETH W 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete			400103530564 05/30/07--01032--015 **211.25			
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 names are empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/17/07 <small>Date</small>			
<small>Daytime Phone #</small>							