


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 24, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P94000044115  
1. Entity Name  
EASTERN NATIONAL MANAGEMENT SERVICES,  
INCORPORATED



Principal Place of Business FLEMING, MARK, C/O 799 BRICKELL PLAZA MIAMI, FL 33131 US	Mailing Address FLEMING, MARK, C/O 799 BRICKELL PLAZA MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0527962	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GARCIA & AVELLAN, P.A.  
201 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, MARK W 799 BRICKELL PLAZA MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GONZALEZ, GEORGE 799 BRICKELL PLAZA MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARETS, ROLANDO 799 BRICKELL PLAZA MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/05-80049-019 300.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/2/05 Daytime Phone #: 305-847-1150