

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092557

FILED
Apr 14, 2004
Secretary of State

Entity Name: SERVICE EXCELLENCE COMMUNICATIONS, INC.

Current Principal Place of Business:

5400 UNIVERSITY DR
115
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

10151 SW 49 MANOR
COOPER CITY, FL 33328 US

New Mailing Address:

FEI Number: 65-0554816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, JAMES A
10157 SW 49TH MANOR
COOPER CITY, FL 33328 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: PDV () Delete
Name: WADE, JAMES A
Address: 10157 SOUTHWEST 49 MANOR
City-St-Zip: COOPER CITY, FL 33328

Title: ST () Delete
Name: WADE, ANITA L
Address: 10157 SOUTHWEST 49 MANOR
City-St-Zip: COOPER CITY, FL 33328

Title: VP () Delete
Name: CALCAGNO, JOSEPH
Address: 16491 NW 14TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANITA L. WADE

ST

04/14/2004

Electronic Signature of Signing Officer or Director

Date