## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2005 08:00 AM DOCUMENT # P95000035348 **Secretary of State** 1. Entity Name ADVANCED INTEGRATED SERVICES, INCORPORATED Principal Place of Business Mailing Address 6001 N.E. 14TH AVE 6001 N.E. 14TH AVE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0576089 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAYS, DENNIS Street Address (P.O. Box Number is Not Acceptable) 6001 N.E. 14TH AVE FORT LAUDERDALE FL 33334 City Zio Code 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, typed or primed name of registered agent and little if applicable (NOTE Rugistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEE D THE Change Defete Addition NAME GAYS, DENNIS A NAME 1100000236315 STREET ADDRESS 6001 NE 14TH AVE STREET ADDRESS 02/21/05-80038-003 150.00 CITY - ST-7IP FORT LAUDERDALE FL 33334 CITY-ST-7/P TITLE Defete TITLE ☐ Change Addition NAME JONES, MATTHEW NAME STREET ADDRESS 6001 NE 14TH AVE STREET ADDRESS. CITY - ST-ZIP FORT LAUDERDALE FL 33334 CHY ST-ZIP RITLE Delete TITE Change Addition NAME JONES, C. DAVID STREET ADDRESS 6001 NE 14TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 THEF TITLE ☐ Delete Change Addition JONES, JR. C E NAME NAME 6001 NE 14TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME MAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C114-ST-71P TITLE ☐ Delete HHE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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 ske empowered.

CUTY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF JUNING OFFICER OR DIRECT

2-17-05 954-491-64660

**FILED**