


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000077404
 1. Entity Name
 EIGHTH FLOOR SERVICES, INC.



Principal Place of Business
 999 PONCE DE LEON BLVD., PH 1120
 CORAL GABLES, FL 33134

Mailing Address
 999 PONCE DE LEON BLVD., PH 1120
 CORAL GABLES, FL 33134



01042005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 65-0612215 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOFILL, JOSE C
 999 PONCE DE LEON BLVD., PH. 1120
 CORAL GABLES, FL 33134

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B. 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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	PD
NAME	BOFILL, JOSE C
STREET ADDRESS	999 PONCE DE LEON BLVD., PH 1120
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	VILAR, PATRICK
STREET ADDRESS	999 PONCE DE LEON BLVD., PH 1120
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	VELIZ, ANA M
STREET ADDRESS	999 PONCE DE LEON BLVD., PH 1120
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/29/05-80039-001 150.00

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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: *Jose C Bofill* 1-17-05 305-442-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #