

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90078 024 \*\*\*150.00

**DOCUMENT # P97000036637**

1. Entity Name  
**SATISFACTION SERVICES INC.**



Principal Place of Business  
**2631 E OAKLAND PK BLVD.  
SUITE 105  
FORT LAUDERDALE, FL 33306 US**

Mailing Address  
**P O BOX 11045  
FT LAUDERDALE, FL 33339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0750304**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERT, MICKIE S  
2631 E OAKLAND PK BLVD #105  
FORT LAUDERDALE, FL 33306**

Name  
**Charles D. Barnett**

Street Address (P.O. Box Number is Not Acceptable)

**8412 Native Dancer Road**

City  
**Palm Beach Gardens**

**FL**

Zip Code **33418**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete  
**ALBERT, MICKIE A**  
**2631 E. OAKLAND PK BLVD #105**  
**FORT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D P** ☐ Change ☒ Addition  
**Michael J. Albert**  
**2631 E. Oakland Park Blvd, Ste 105**  
**Fort Lauderdale, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T** ☐ Change ☒ Addition  
**Debbie N. Albert**  
**2631 E. Oakland Park Blvd, Ste 105**  
**Fort Lauderdale, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**MIKE ALBERT, PRESIDENT 3.1.05 954.564.6570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #