


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90051 001 ***150.00
 02-02-2004 90051 002 *****8.75

DOCUMENT # P97000091153

1. Entity Name
SERVED HOLDINGS, INC.




Principal Place of Business
1643 BRICKELL AVE
APT 4702
MIAMI, FL 33129

Mailing Address
1643 BRICKELL AVE
APT 4702
MIAMI, FL 33129 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
7590 NW 186 street
 Suite, Apt. #, etc.
Suite 109
 City & State
Miami, FL
 Zip
33015

Country
U.S.A.



01152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0824890

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS INC
283 CATALONIA AVE 2ND FL
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, EZEQUIEL	
STREET ADDRESS	1643 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRIOS, CARMEN	
STREET ADDRESS	1643 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	PS	<input type="checkbox"/> Delete
NAME	ARDILA, PABLO	
STREET ADDRESS	1643 BRICKELL AVE #4702	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ARDILA, JAIMO	
STREET ADDRESS	1643 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIERRA, HELLEN	
STREET ADDRESS	1643 BRICKELL AVE #4702	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **PABLO ARDILA** **Jan. 15, 2004** **786-313-0320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #