2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # V74209 1. Entity Name SERVI-FAST INTERNATIONAL CORP. Principal Place of Business Mailing Address 1601 NW 82 AVE 1601 NW 82 AVE MIAMI, FL 33126-1017. US MIAMI, FL 33126-1017 US No Chg-P 01122005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0365765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAEZ, CESAR DO NOT WRITE 16424 S.W. 73 TERR MIAMI, FL 33193 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Unn000203876 TITLE 01/29/05-80048-005 150.00 ALVALEZ, CARLOS M. NAME COMPRET ADDRESS 9755 NW 52 ST APT 412 CITY ST ZIP MIAMI, FL 33173 VP mie BAEZ, CESAR A NAME 9755 NW 52ND STREET APT 412 STREET ADDRESS CITY-ST ZIP MIAM!, FL 33173 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby cortly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental people 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 contracted in section as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment wit ss, with all other like empowered

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-05

FILED