## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 08:00 AM Secretary of State

| 1. Entity Nam<br>SERVITE  | ie.  | # 662277<br>P.   |  |  |  |   |                                |                         |  | <i>J</i>           |                                       |                                   |
|---|--|--|--|--|--|---|--------------------------------|-------------------------|--|--------------------|---------------------------------------|-----------------------------------|
| Principal Place of Business 901 PONCE DE LEON BLVD 606 CORAL GABLES, FL 33135 US  |  |  | Mailing Address<br>901 PONCE DE LEON BLVD.<br>606<br>CORAL GABLES, FL 33134 US |  |  | [ ] <b>[ ] [ ] [ ]</b>  |                                | IN 11510 11511 1567 188 | i <b>Tib</b> ir <b>Tib</b> il <b>I</b> | ELF TIDII DIBII DI | Wî (NOVÎ      (NOVÎ                   |                                   |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |  |  |   |                                |                         |  |                    |                                       |                                   |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |  |  | 0114200   | )4                             | Chg-P                   | CR2E                                   | 034 (10/03)        | ı                                     |                                   |
| City & State  |  |  | City & State   |  |  | 4. FEI Nu<br>59-2   | mber<br>:0043                  | 809                     |  | h                  | pplied For<br>lot Applicable          |                                   |
| Z <sub>ip</sub>   | Z <sub>i</sub> p Country   |  | Zip  | Zip Co                                       |  | try   | 5. Certific                    | ate of                  | Status Desired                         |                    | \$8.75 Ac<br>Fee Requir               |                                   |
|   | 5. Name  | and Address of Current   | Registered Agent   |  |  |   | 7. Name                        | and Ac                  | idress of New F                        | Registered         | Agent                                 |                                   |
|   |  |  |  |  |  | Name  |                                |                         |  |                    |                                       |                                   |
| JANE, YOLANDA<br>5739 NW 7TH ST<br>MIAMI, FL 33126  |  |  |  | -  |  | Street Add  | lress (P.O. Box Nu             | ımber i                 | s Not Acceptabl                        | e)                 |                                       |                                   |
|   |  |  |  |  |  | City  |                                |                         |  | FI                 | Zip Co                                | đe                                |
|   | named entit<br>tions of regist   | y submits this statement for<br>tered agent.   | or the purpose of ch   | anging its ro                                | egistere   | ad office or re   | gistered agent, or             | both.                   | in the State of Fl                     | orida. Lan         | n familiar with                       | , and accept                      |
| SIGNATURE   | Signature, typed   | or printed name of registered agent  | and title if applicable  | (NOTE  | Registere  | d Agent signature   | regulted when reinstaling      | 2)                      |  | DATE               |                                       | ***                               |
|   |  |  |  |  |  |   |                                |                         |  |                    |                                       |                                   |
| FIL<br>After M  | E NOW!!!<br>ay 1, 200  | FEE IS \$150.00<br>4 Fee will be \$550.  |  | on Campaig<br>Fund Contril                   |  | noing   | \$5.00 May Be<br>Added to Fees | •                       |  | <del>.</del>       |                                       |                                   |
| FIL<br>After M  | E NOW!!!<br>ay 1, 200  | FEE IS \$150.00<br>4 Fee will be \$550.  | OO Trust   |  |  |   |                                |                         | HANGES TO OFF                          | FICERS AN          | ID DIRECTO                            | RS IN 11                          |
| After M   | E NOW!!!<br>ay 1, 200  | 4 Fee will be \$550.   | OO Trust   |  | bution.  |   |                                |                         | HANGES TO OF                           | FICERS AN          | ID DIRECTO                            |                                   |
| After M   | ay 1, 200∉   | 4 Fee will be \$550.   | OO Trust   | Fund Contrib                                 | bution.  |   |                                |                         |  |                    | ☐ Change                              |                                   |
| 10. TITLE NAME STREET ADDRESS   | VT<br>GARCIA,<br>13254 S \   | OFFICERS AND  OFFICERS AND  EDUARDO  W 13 STREET   | OO Trust   | Fund Contrib                                 | 11.<br>TITLE<br>NAM<br>STRE  | ET ADDRESS  |                                |                         | UD000                                  | 00074              | □ Change<br>70                        | Addition                          |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI  | OFFICERS AND  OFFICERS AND  EDUARDO  W 13 STREET   | OD Trust DIRECTORS   | Fund Contrit                                 | 11. TITLE NAM STRE   | E<br>ECT ADDRESS<br>-ST-ZIP   |                                |                         |  | 00074              | □ Change<br>70<br>3-009 1             | ☐ Addition                        |
| 10. TITLE MAME STREET ADDRESS CITY- ST- ZIP HILL  | VT<br>GARCIA,<br>13254 S N<br>MIAMI, FI  | OFFICERS AND  OFFICERS AND  EDUARDO W 13 STREET  | OD Trust DIRECTORS   | Fund Contrib                                 | 11. TITES NAM STRE EITY  | E E E E E E E E E E E E E E E E E E E   |                                |                         | UD000                                  | 00074              | □ Change<br>70                        | ☐ Addition                        |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI  | OFFICERS AND OFFICERS AND EDUARDO W 13 STREET L DLANDA                                     | OD Trust DIRECTORS   | Fund Contrit                                 | 11. TITES NAM STRE CITY TITUS  | E E E E E E E E E E E E E E E E E E E   |                                |                         | UD000                                  | 00074              | □ Change<br>70<br>3-009 1             | ☐ Addition                        |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | VT<br>GARCIA,<br>13254 S N<br>MIAMI, FI<br>ST<br>JANE, YC  | OFFICERS AND OFFICERS AND EDUARDO W 13 STREET L DLANDA 7TH ST                              | OD Trust DIRECTORS   | Fund Contrit                                 | 11. TITLE NAM STRE CITY HILL NAM STRE  | E E E E E E E E E E E E E E E E E E E   |                                |                         | UD000                                  | 00074              | □ Change<br>70<br>3-009 1             | ☐ Addition                        |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI<br>ST<br>JANE, YC<br>5739 NW   | OFFICERS AND OFFICERS AND EDUARDO W 13 STREET L DLANDA 7TH ST                              | OD Trust   | Fund Contrit                                 | 11. TITLE NAM STRE CITY HILL NAM STRE  | E E E E E E E E E E E E E E E E E E E   |                                |                         | UD000                                  | 00074              | □ Change<br>70<br>3-009 1             | ☐ Addition                        |
| 10.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI<br>ST<br>JANE, YC<br>5739 NW<br>MIAMI, FI<br>P<br>HERNAN                         | OFFICERS AND EDUARDO W 13 STREET L DLANDA 7TH ST L DEZ, RODOLFO JR                         | OD Trust   | Fund Contrib                                 | 11. TITLE NAM STRE CITY HILL NAM STRE CITY HILL NAM  | E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E  |                                |                         | UD000                                  | 00074              | ☐ Change<br>70<br>3—009 1<br>☐ Change | ☐ Addition                        |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI<br>ST<br>JANE, YC<br>5739 NW<br>MIAMI, FI<br>P<br>HERNAN<br>5739 NW              | OFFICERS AND OFFICERS AND EDUARDO W 13 STREET L DLANDA 7TH ST L DEZ, RODOLFO JR 7TH STREET | OD Trust   | Fund Contrib                                 | 11. TITLE NAM STRE CITY HILL NAM STRE CITY TITLE NAM STRE  | E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E                            |                                |                         | UD000                                  | 00074              | ☐ Change<br>70<br>3—009 1<br>☐ Change | ☐ Addition                        |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | VT<br>GARCIA,<br>13254 S \<br>MIAMI, FI<br>ST<br>JANE, YC<br>5739 NW<br>MIAMI, FI<br>P<br>HERNAN<br>5739 NW              | OFFICERS AND OFFICERS AND EDUARDO W 13 STREET L DLANDA 7TH ST L DEZ, RODOLFO JR 7TH STREET | DIRECTORS  | Fund Contrit  Delete  Delete                 | TILL HAMM STREE CITY HILL HILL HAMM STREE CITY HILL | E E E E E E E E E E E E E E E E E E E   |                                |                         | UD000                                  | 00074              | Change Change                         | Addition  50.00 Addition Addition |
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12. Thereby 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: Rudy Harmandez J. Kylot Dayline Pricing of Dayline Pricing