


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90061 030 ****61.25

DOCUMENT # N44478	
1. Entity Name SECRETARIAL SERVICE, INC.	

Principal Place of Business XXXXXX 20812 S. Dixie Hghw Miami, FL 33189	Mailing Address POST OFFICE BOX 831417 MIAMI, FL 33283 US
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0275308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JIMENEZ, JOSEFA
2711 SW 118 CT
MIAMI, FL 33175

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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 Josefa Jimenez (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, JOSEFA 2711 SW 118 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, SIXTA 2301 SW 127 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, MARGARITA 8561 SW 27TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD PENDAS, PAULA 12341 SW 264 ST MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CRESPO, ANTONIO M 2711 SW 118 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 617, 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: Josefa Jimenez DATE: 3-15-2004 DAYTIME PHONE: 786-651-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR