

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157749

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SERVIS KIT NORTE CORP

## Current Principal Place of Business:

4995 NW 72 AVENUE  
209  
MIAMI, FL 33166

## New Principal Place of Business:

8300 WEST FLAGLER STREET  
119  
MIAMI, FL 33144

## Current Mailing Address:

9201 FONTAINEBLEAU BLVD  
4  
MIAMI, FL 33172

## New Mailing Address:

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, VICTOR A  
9201 FONTAINEBLEAU BLVD  
4  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALAZAR, VICTOR A  
Address: 9201 FONTAINEBLEAU BLV UNIT 4  
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete  
Name: SALAZAR, GUSTAVO  
Address: 9201 FONTAINEBLEAU BLVD UNIT 4  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: SALAZAR, CLAUDIA C  
Address: 9201 FONTAINEBLEAU BLVD UNIT 4  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR A SALAZAR

P

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date