

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90028 010 ***150.00

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DOCUMENT # P26014 1. Entity Name IGT SERVICES, INC.					
Principal Place of Business 600 NE 36TH STREET MIAMI, FL 33137 US			Mailing Address 600 NE 36TH STREET MIAMI, FL 33137 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 13-3501255	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONARD, VINCENT W 600 NE 36TH STREET MIAMI, FL 33137				7. Name and Address of New Registered Agent Name MARK J. MECHANIC Street Address (P.O. Box Number is Not Acceptable) 600 NE 36 ST Unit C1 City Miami FL Zip Code 33137	
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 <u><i>MARK J. MECHANIC, SEC</i></u> 2/2/05 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, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROTH, ROBERT M. 600 NE 36TH STREET MIAMI, FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTH, RICHARD M. 600 NE 36TH STREET MIAMI, FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONARD, VINCENT 600 NE 36TH STREET MIAMI, FL 33137	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MECHANIC, MARK 600 NE 36TH STREET MIAMI, FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S and T	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S and T	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S and T	☐ Change ☐ Addition			
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: <u><i>MARK MECHANIC, SEC</i></u> 2/2/05 305-573-2800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					