

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100794

FILED
Apr 13, 2005
Secretary of State

Entity Name: A PLUS CUSTOMER SERVICE CORP.

Current Principal Place of Business:

5895 NW 48TH LANE
COCONUT CREEK, FL 33073

New Principal Place of Business:

570 NW RIVERSIDE DRIVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

5895 NW 48TH LANE
COCONUT CREEK, FL 33073

New Mailing Address:

570 NW RIVERSIDE DR
PORT ST LUCIE, FL 34983

FEI Number: 20-1359744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GROSSMAN, MITCHELL P
570 NW RIVERSIDE DR
PORT ST LUCIE, FL 34983 US

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: MITCHELL GROSSMAN

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GROSSMAN, MITCHELL A
Address: 5895 NW 48TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VSD () Delete
Name: GROSSMAN, MICHELLE L
Address: 5895 NW 48TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GROSSMAN, MITCHELL A
Address: 570 NW RIVERSIDE DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VSD (X) Change () Addition
Name: GROSSMAN, MICHELLE L
Address: 570 NW RIVERSIDE DR
City-St-Zip: PORT ST LUCIE, FL 34983

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: MITCHELL GROSSMAN

PTD

04/13/2005

Electronic Signature of Signing Officer or Director

Date