

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
FEB 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 196667

1. Entity Name
REPORTING SERVICE INC.



Principal Place of Business

924 BISCAYNE BLDG
MIAMI, FL 33130

Mailing Address

924 BISCAYNE BLDG
MIAMI, FL 33130



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0785873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIEDMAN, BERT
924 BISCAYNE BLDG
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FRIEDMAN, BERT
STREET ADDRESS	924 BISCAYNE BLDG
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	PDT
NAME	OLSON, MARK
STREET ADDRESS	1020 BISCAYNE BLDG
CITY-ST-ZIP	MIAMI, FL 00000, 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80096-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Bert Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 305 971 6677