2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 196667

1. Entity Name
REPORTING SERVICE INC.

Principal Place of Business	Mailing Address
924 BISCAYNE BLDG MIAMI, FL 33130	19 WEST FLAGLER ST #924 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

03102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-0785873	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOFFER-OLSON, JO D
19 WEST FLAGLER ST #924
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)

03/21/06--80067--014 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SOFFER-OLSON, JO D
STREET ADDRESS	19 WEST FLAGLER ST #924
CITY-ST-ZIP	MIAMI, FL 00000, 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Jo D Soffer-Olson _____   3/9/06   (305)371-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #