

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 242864

Entity Name: CARRIER SERVICE, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

20915 N.W. 2ND AVE.
MIAMI, FL 331692105 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 69000C
MIAMI, FL 332690019 US

New Mailing Address:

FEI Number: 59-0974509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASHMAN, JOHN W
20915 N.W. 2ND AVE.
MIAMI, FL 331692105 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: PD () Delete
Name: CASHMAN, J W,
Address: 3267 BEECHBERRY CIR
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: CASHMAN, W E,
Address: 56 ASH DR
City-St-Zip: COOPER CITY, FL 33026

Title: CD () Delete
Name: CASHMAN, E J,
Address: 54 ASH DR.
City-St-Zip: COOPER CITY, FL 33026

Title: TSD () Delete
Name: CUDE, C L,
Address: 9460 LIVE OAK PL #206
City-St-Zip: FORT LAUDERDALE, FL 33324

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:

Title: TSD (X) Change () Addition
Name: FEHERVARY, C L,
Address: 9460 LIVE OAK PL #206
City-St-Zip: FORT LAUDERDALE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN W CASHMAN

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date