

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719101

FILED
Apr 24, 2008
Secretary of State

Entity Name: COMBINED SERVICES, INC.

Current Principal Place of Business:

2358 NORTH WEST 151ST STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2358 NORTH WEST 151ST STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 59-1389127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSEN, MARTIN
2358 N. W. 151 STREET
OPA LOCKA, FL 33054 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ALEXANDER, DAVID
Address: 1131 N 35TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: HAZEL, JOHN
Address: 3663 S MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: FINE, STEVE
Address: 1300 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: DISSETTE, MARK
Address: 4725 N. FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: FERNANDEZ, FRANK
Address: 8900 NORTH KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: NOWLAN, ROBERT
Address: 6125 S.W 31 STREET
City-St-Zip: MIAMI, FL 33155

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: D (X) Change () Addition
Name: WILFORD, LINDA
Address: 4725 N. FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAZEL

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date