2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000000676

1. Entity Name

SOMERSET INVESTMENT SERVICES CORP.



Principal Place of Business

550 S. OCEAN BL

SUITE 103-E MANALPAN, FL 33462 Mailing Address

15301 VENTURA BL BLDG B SUITE 490 SHERMAN OAKS, CA 91403 FILED Jul 06, 2004 08:00 AM Secretary of State



07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-1700994 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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TALLAHASSEE, FL 32301-2525			IN THIS SPACE			
	named entity submits this statement for thions of registered agent.	e purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered A				Agent signature required when reinstating) DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIF	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TRUTANIC, RICHARD S 550 S OCEAN BLVD #103E MANALAPAN, FL 33462				U00000163196 07/06/04-80003-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRUTANIC, RICHARD S 550 S. OCEAN BLVD. #103 E MANALAPAN, FL 33462					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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.

CICNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04

818.380.818)

Daytime Phone i