


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90008 016 ***150.00

DOCUMENT # F01000000729
 1. Entity Name
HIGH TECHNOLOGY SERVICES, INC.



Principal Place of Business Mailing Address
444 BRICKELL AVE. #51-418 **444 BRICKELL AVE. #51-418**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2689757** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**


54017385



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SIRULNICK, ALEX D ESQ.
ROTH, ROUSSO & BENJAMIN, P.A.
2875 N.E. 191TH STREET PENTHOUSE 3A
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name **ALBERTO ESPADA**
 Street Address (P.O. Box Number is Not Acceptable)
800 WEST AVE. SUITE 306
 City **MIAMI BEACH** FL Zip Code **33139**

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  **ALBERTO ESPADA - PRESIDENT** DATE **02/06/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ESPADA, ALBERTO	444 BRICKELL AVE. #51-418	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 to this address, with all other like empowered.

SIGNATURE:  **ALBERTO ESPADA - PRESIDENT** DATE **02/06/04** DAYTIME PHONE # **305-672-8721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR