## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 08:00 AM Secretary of State

	ANNUAL	REPURI		Secretary of State
DOCH	MENT # F29363	1	47	Secretary of State
1. Entity Nam		}		
	SERVICES, INC.	-}		
111111011	OLIVIOLO, INO.	}	FILE STATES	<b>/</b>
{				
<del></del>				_
Principal Plac		Mailing Address		
105 CLEVEL		PO BOX 6324		
Lake Worth	ł, FL 33467 US	W. PALM BCH, FL 33405 US	\$	
{				I (MECCEN U.C. CINC. CENT. SCIEN SCIEN SAME SAME SAME PROPERTY FOR A PROPERTY AND CONTRACT OF CONTRACT
}		, e e e e e e e e e e e e e e e e e e e		.
				-
}	. a . e	err ريان الحالم الوالم المادين المستنب	<u></u>	01112006 No Chg-P CR2E034 (11/05)
	O NOT WRITE	IN THIS SPACE	F	
	O HOI WILL		<i>-</i>	4. FEI Number Applied For
				59-2076258
	•			5. Certificate of Status Desired 58.75 Additional
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Fee Required
	6, Name and Address of Current F	legistered Agent		
		}		
FRENCH,		}		DO NOT WRITE
105 CLEVELAND RD			DO NO, WINIE	
LAKE WO	RTH, FL 33467	{		IN THIS SPACE
		}		NA TINO OFACE
		-		
	<u> </u>	فان در میں اس میں اس میں اس میں ا		
		the purpose of changing its registere	d office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce
ine collega	ions of registered agent.			
SIGNATURE				
Signature, typed or printed name of registered agent and title ill applicable. (NOTE, Registered Agent signature required when reinstating).  DATE				
	<del></del>		<del></del>	
) FII	E NOW!!! FEE IS \$150.00	9. Election Campaign Finance		5.00 May Be
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribution.	☐ Add	ded to Fees
		1000000		
10.	OFFICERS AND	DIRECTORS . )	·	
ILLTTE	DP			
NAME	FRENCH, MARK			
STREET ADDRESS	105 CLEVELAND AVE			
CITY-ST-ZIP	LAKE WORTH, FL	ا معدد الرابي <u>و ال</u>	•	,
TITLE				
NAME	}			<u>ില്ല്ക്ക്ക്ക്</u> കാടത്
STREET ADDRESS	{			U00000392105 01/24/06-80069-008_150.00
CITY-SY-ZIP				<u> </u>
TITLE	,		Ì	
NAME	{			
STREET ADDRESS	1			
CITY-ST-ZIP				DO NOT WRITE
	<del>}</del>			
TITLE	}			IN THIS SPACE
NAME	{			
STREET ADDRESS	{		l	
CITY-SI-ZIP				The second secon
TITLE	{	Ü		
NAME	}	i		
STREET ADDRESS	}			
CITY-ST-ZIP			·	
TITLE	{			
KAME	{	1		and the second s
STREET ADDRESS	1	i		
CiTY-ST-ZIP				الم المنظمية
	The state of the s	the siling days and the siling		
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				
of the cor	poration or the receiver or trustee empor	wered to execute this report as require	ed by Chapter 607	17, Florida Statutes; and that my name appears in Block 10 or Block 11
changed, or on an attachment with an address, with all other like empowered.				
ì	ニョウム オブ ー	T 11 manage		1 / 17 la / - (10 m) 1