2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G99814

1. Entity Name
SERVICOL INTERNATIONAL, CORP.

Principal Place of Business
8015 N.W. 29TH ST.
MIAMI, FL 33122 US

Mailing Address
8015 NW 29TH ST
MIAMI, FL 33122 US

04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2400428 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAHERTY, ASTRID
14431 N.W. 83TH AVENUE
MIAMI LAKES, FL 33016

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000512062
04/25/06 80072-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLAHERTY, ASTRID
STREET ADDRESS	14431 N.W. 83TH AVENUE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VSD
NAME	CAUNEDO, AGUSTIN
STREET ADDRESS	2030 NW 94TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VPT
NAME	CAUNEDO, ZUNILDA
STREET ADDRESS	2030 NW 94TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Astrid Flaherty ASTRID FLAHERTY 4/14/06 305-471-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #