
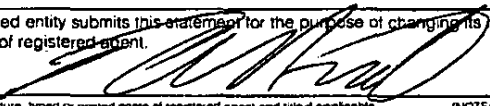
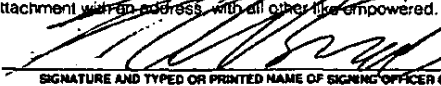


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-18-2004 90160 001 ****52.50
03-18-2004 90160 002 ****35.00
04-16-2004 90072 023 ****62.50

DOCUMENT # H49950					
1. Entity Name DADE FOREIGN SERVICE, INC.					
Principal Place of Business 701 West 20th Street Miami, FL 33010			Mailing Address P.O. BOX 527923 MIAMI FL 33152		
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 59-2528175	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PALACIO, MARIA E 2521 COUNTRY CLUB PRADO CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Tom A. Bureet Street Address (P.O. Box Number is Not Acceptable) 6760 GLENAGLE DRIVE City Miami Lakes FL 33014		
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  DATE 3-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALACIO, MARIA E 2521 COUNTRY CLUB PRADO CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom A. Bureet 6760 GLENAGLE DRIVE MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALACIO, MARIA T 2521 COUNTRY CLUB PRADO CORAL GABLES FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Humberto de LARA 7521 S.W. 116 STREET MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Date 3-15-04 Daytime Phone # 305 541-7321		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					