2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2006 08:00 AM Secretary of State

| | AIIIIQAL | ILLI OILI | | 7 | C | ecretary of Sta | |
|-------------------------------------|--|---|-----------------------------|---------------------------|--|--|--|
| 1. Entity Nam | MENT # J19246 INITORIAL SERVICE, INC. | | | | Secretary of Sta | | |
| K OLIVI JA | initionial Service, Inc. | | | | | | |
| - | ce of Business | Mailing Address | | 1 | | | |
| 945 NW 52ND ST | | % MARGARET WIGGINS 945 NW 52ND ST | | | | | |
| MIAMI, FL 3 | 312 <i>1</i> | MIAMI, FL 33127 | | | | | |
| | | | | | } 0] 0 0] 0 3 3 0 1 0 1 | | |
| r | O NOT WRITE | IN THIS SPA | CF | 07062006 | No Chg-P | CR2E034 (11/05) | |
| | O NOT WHITE | 11110 017 | <u> </u> | 4. FEI Numb 59-270 | | Applied For Not Applicable | |
| | | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required | |
| <u> </u> | 6. Name and Address of Current R | egistered Agent | | ٠.,٠ | | | |
| WIGGINS, MARGARET 945 NW 52ND ST | | | | DO | NOT W | RITE | |
| MIAMI, FL | . 33127 | | | ः े IN] | THIS SP | ACE | |
| | | | | · · · · · · · · | 1 | | |
| | named entity submits this statement for tions of registered agent. | he purpose of changing its registe | red office or register | red agent, or bo | th, in the State of Flor | ida. I am familiar with, and accept | |
| SIGNATURE. | | | | | | DATE | |
| | Signature, typed or printed name of registered agent an | | ed Agent signature required | | | | |
| | LE NOW!!! FEE IS \$150.00 ue by September 6, 2006 | Election Campaign Fina Trust Fund Contribution | incing \$5 . 🗆 Add | .00 May Be ded to Fees | In accordance w corporation did r | ith s. 607.193(2)(b), F.S., the lot receive the prior notice. | |
| 10. | OFFICERS AND D | IRECTORS | 1 | | | | |
| TITLE NAME | PD WIGGINS,ROBERT SR. | | | | | • | |
| STREET ADDRESS | 945 NW 52ND ST MIAMI, FL | ` | , | | ###################################### | 569329 30021-009 150.00 | |
| TITLE | MINIMI, FC | | | | 017 117 00 1 | | |
| NAME STREET ADDRESS | | | • | | | | |
| CITY-ST-ZIP | | | . | | , | | |
| TITLE NAME | | | | | • | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | |
| TITLE | | | - 30 30 30 | IN . | THIS SP | ACE | |
| NAME STREET ADDRESS | | • | 30,4 | | | | |
| CITY-ST-ZIP | | <u> </u> | | | | | |
| TITLE NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| TITLE | | | 1" | | . • | | |
| NAME STREET ADDRESS | | | | • | | | |

12. I hereby certify that the information supplied with this filling 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 and address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

HOLATURE AND TYPED OR PRINTED HAVE DESIGNING OFFICER OR DIRECTOR

7706·305-7546718