

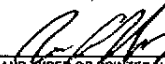


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J71655			
1. Entity Name TRAFALGAR ASSOCIATES SERVICES, INC.			
Principal Place of Business 701 NW 62 AVENUE STE 110 MIAMI, FL 33126-6001		Mailing Address 701 NW 62 AVENUE STE 110 SUITE 250 MIAMI, FL 33126-6001	
DO NOT WRITE IN THIS SPACE			
		 01262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2806840	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GONZALEZ, J.A. 701 NW 62 AVENUE STE 110 MIAMI, FL 33126-6001			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	CACICEDO, RAMON		
STREET ADDRESS	701 NW 62 AVENUE STE 110		
CITY-ST-ZIP	MIAMI, FL 331266001		
TITLE	VT		
NAME	GONZALEZ, JOSE ANTERO		
STREET ADDRESS	701 NW 62 AVENUE STE 110	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	MIAMI, FL 331266001		
TITLE	V		
NAME	HERNANDEZ, GUS		
STREET ADDRESS	701 NW 62 AVENUE STE 110		
CITY-ST-ZIP	MIAMI, FL 331266001		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Jose A Gonzalez 1-27-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			