## 2006 FOR PROFIT CORPORATION

**FILED** May 01, 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
1. Entity Name	MENT # J96939 • TIVE SERVICE EXCELLENCE	, INC.			Secret	ury 01 5	iaic
Principal Place of Business  7544 W MCNAB ROAD C 15-18 NORTH LAUDERDALE, FL 33068  Mailing Address  7544 W MCNAB ROAD C 15-18 NORTH LAUDERDALE, FL 33068				04202006 No Chg-P CR2E034 (11/05)			
D	6. Name and Address of Current Regis		<b>DE</b>	4. FEI Numb 65-001 5. Certificate			Applied For Not Applicat 5 Additional equired
SUITE 711	FREY FERSITY DIVE	isi ou vyatt	•		NOT W THIS SF		
the obligation of the obligati	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and title  E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<u> </u>	d Agent signatura require			OATE  35451114 -811056-005	
HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD FUCHS, MARTIN S 5347 NW 119 TERRACE CORAL SPRINGS, FL SD FUCHS, LAUREN 5347 NW 119 TERRACE CORAL SPRINGS, FL	CTORS			<u>I</u>		
NAME SIREES ADDRESS CITY-ST-ZIP TITLE NAME SIREES ADDRESS CITY-ST-ZIP		1 17 7			NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental upport is the end accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or birector of the corporation of the receiver or trusfee employeded 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 eddress, with all other like employeded.

SIGNATURE:

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP