

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 029 \*\*\*150.00

**DOCUMENT # K51036**

1. Entity Name

**A-1 MANAGEMENT SERVICES, INC.**



Principal Place of Business

**4900 SW 51ST STREET  
DAVIE FL 33314  
US**

Mailing Address

**P.O. BOX 290655  
DAVIE FL 33329-0655  
US**

2. Principal Place of Business

**6215 NW 44 STREET**

3. Mailing Address

**P.O. BOX 670625**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

**CORAL SPRINGS, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**65-0163350**

Applied For

Not Applicable

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, VICTOR F  
4900 SW 51ST  
FORT LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **PEREZ, VICTOR F**  
STREET ADDRESS **6215 NW 44 ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **VP/D** ☐ Delete  
NAME **SOTOMAYOR, MAYDA**  
STREET ADDRESS **2800 SW BEAR PAW TRAIL**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ALICE MONTANARO**  
STREET ADDRESS **300 SW 134 WAY, #211**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VICTOR PEREZ**

**3/31/05 954-977-8969**

Date

Daytime Phone #