

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 027 ***150.00

DOCUMENT # K67141

1. Entity Name

ACTION GENERAL SERVICES, CORP.



Principal Place of Business

**4445 WEST 16 AVE.
STE. 308
HIALEAH FL 33012
US**

Mailing Address

**4445 WEST 16 AVENUE
308
HIALEAH FL 33012
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0125942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NODAL, RAFAEL A.
4445 WEST 16 AVENUE #308
HIALEAH FL 33012**

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 reinstalling)

4-18-2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME **P**
STREET ADDRESS **NODAL, RAFAEL A**
CITY-ST-ZIP **844 W 71ST ST
HIALEAH FL 33014**

TITLE ☐ Delete
NAME **SV**
STREET ADDRESS **NODAL, YOLANDA**
CITY-ST-ZIP **1215 W 25TH PL, #1
HIALEAH FL 33010**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NODAL, BLANCA L**
CITY-ST-ZIP **1215 W 25TH PL, #1
HIALEAH FL 33010**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FUENTES, BERTY**
CITY-ST-ZIP **5351 WEST 20TH COURT
HIALEAH FL 33016**

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 **SV**
STREET ADDRESS **NODAL, YOLANDA**
CITY-ST-ZIP **1225 W 36 St # 201
HIALEAH, FL, 33012**

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **FUENTES, BERTY**
CITY-ST-ZIP **3236 W 7.7 PL
HIALEAH, FL. 33018**

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 exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2006 305-823-1201

Date

Daytime Phone #