

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	NODAL, RAFAEL A	
STREET ADDRESS	844 W 71ST ST	
CITY- ST- ZIP	HIALEAH FL 33014	
TITLE	SV	☐ Delete
NAME	NODAL, YOLANDA M	
STREET ADDRESS	1225 PLACE 36ST #201	
CITY- ST- ZIP	HIALEAH FL 33012	
TITLE	T	☐ Delete
NAME	NODAL, BLANCA L	
STREET ADDRESS	1215 W 25TH PL, #1	
CITY- ST- ZIP	HIALEAH FL 33010	
TITLE	D	☐ Delete
NAME	FUENTES, BERTY	
STREET ADDRESS	3236 W. 77 PLACE	
CITY- ST- ZIP	HIALEAH FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

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04/20/07-80164-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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

Date

Daytime Phone #

4-10-07

305-853-1201