
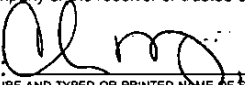


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 036 ****50.00

DOCUMENT # L04000041433 1. Entity Name DOMESTIC HELP SERVICES, LLC					
Principal Place of Business 13925 SW 106 TERRACE MAM, FL 33186			Mailing Address 13925 SW 106 TERRACE MAM, FL 33186		
2. Principal Place of Business 1037 Wilshire Dr. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Ft. Myers FL. Zip 33919 Country U.S.A		City & State City Zip Country		4. FEI Number 20-1217960 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent VAZQUEZ, CHRISTINA M 13925 S.W. 106 TERRACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Christina M. Vazquez Street Address (P.O. Box Number is Not Acceptable) 1037 Wilshire Dr. City Ft. Myers FL Zip Code 33919		
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) DATE</small>					
- Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME VAZQUEZ, CHRISTINA M. STREET ADDRESS 13925 S.W. 106 TERRACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1037 Wilshire Dr. CITY-ST-ZIP Ft. Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME VAZQUEZ, ELOY STREET ADDRESS 13925 S.W. 106 TERRACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1037 Wilshire Dr. CITY-ST-ZIP Ft. Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  Christina M. Vazquez 4/28/05, 464-3507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					