


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L09193	
1. Entity Name A PROMO SERVICE, INC.	

Principal Place of Business 1420 WEST 5TH COURT HIALEAH, FL 33010-2935	Mailing Address 1420 WEST 5TH COURT HIALEAH, FL 33010-2935
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DO NOT WRITE IN THIS SPACE



04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0197949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REDERO, JUAN J 9620 SW 45 TERR MIAMI, FL 33165

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REDERO, JUAN C 9620 S.W. 45TH TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REDERO, MARIAL 9620 SW 45 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REDERO, CHRISTINA-MARI 9620 SW 45 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REDERO, ANNE-MARIE 9620 SW 45 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/05-80062-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	4/17/05	305-794-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #