

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L09193

1. Entity Name
A PROMO SERVICE, INC.



Principal Place of Business
**1420 WEST 5TH COURT
HALEAH, FL 33010-2935**

Mailing Address
**1420 WEST 5TH COURT
HALEAH, FL 33010-2935**



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0197949

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REDERO, JUAN J
9620 SW 45 TERR
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REDERO, JUAN C
STREET ADDRESS	9620 S.W. 45TH TERR.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	REDERO, MARIAL
STREET ADDRESS	9620 SW 45 TERR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	REDERO, CHRISTINA-MARI
STREET ADDRESS	9620 SW 45 TERR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S
NAME	REDERO, ANNE-MARIE
STREET ADDRESS	9620 SW 45 TERR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

4/3/06 305-794-9641

Date

Daytime Phone #