



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L52261 1. Entity Name TAMiami AIRPORT SERVICE CENTER, INC.	
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Principal Place of Business 13595 SW 137 AVE MIAMI, FL 33186	Mailing Address 13595 SW 137 AVE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0183206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOULOS, JAMES
13237 SW 44TH LANE
MIAMI, FL 33175**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000024370 02/02/04-80064-023 150.00
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10. OFFICERS AND DIRECTORS

1300 0000 11100 000011 Ykcs11eAD	PD BOULOS, JAMES 13237 SW 44TH LANE MIAMI, FL 33175
1300 0000 11100 000011 Ykcs11eAD	VD BOULOS, VICTOR JR. 4130 SW 124TH AVE MIAMI, FL
1300 0000 11100 000011 Ykcs11eAD	S BOULOS, RICHARD 4130 SW 124TH AVE MIAMI, FL
1300 0000 11100 000011 Ykcs11eAD	VD BOULOS, MARIO 4130 SW 124TH AVE MIAMI, FL
1300 0000 11100 000011 Ykcs11eAD	
1300 0000 11100 000011 Ykcs11eAD	

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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:  **VP** **1-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #