2006	FOR PR	OFIT CORF	PORATION	
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FILED Jan 27, 2006 08:00 AN **DOCUMENT # M68212 Secretary of State** 1. Entity Name SERVICE FORMS COMPANY, INC. OF SOUTH FLORIDA Mailing Address Principal Place of Business 14220 SW 90TH TERRACE 14220 SW 90TH TERRACE MIAMI FL 33186 MIAMI FL 33186 ÜS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0031302 Not Applicat Country Country Ζip \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, CAROLE Street Address (P.O. Box Number is Not Acceptable) 14220 SW 90TH TERRACE **MIAMI FL 33186** Zin Code City Fl 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 access the obligations of registered agent SIGNATURE Signature typed or primed name of registered agent and title if applicable (NOTE Registered Agent signature regulated when remistaling) DATE FILE NOW !!! FEE IS \$150.00 \$5.00 May B: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE D NAME SMITH, CAROLE STREET ADDRESS 100000405374 STREET ADDRESS 14220 SW 90TH TERRACE 02/07/06-80038-021 150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change 🔲 Additi Delete រាវនេ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change 🔲 Addih 🔲 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP 🗌 Delete Change 🔲 Addite BILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Add Star Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP Delete 🔲 Change 🗋 Aridiii TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:	- Garale	(
	SIGNATURE AND TYPED OR	Ð

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SHITH (PRESIDENT) POLE NAME OF SIGNING OFFICE

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