


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90178 010 \*\*\*\*\*70.00

<b>DOCUMENT # N03000003260</b>	
1. Entity Name CENTRAL ORGANIZATION FOR SERVICES, INC.	

Principal Place of Business 4303 FAWN CIRCLE TAMPA, FL 33610	Mailing Address 4303 FAWN CIRCLE TAMPA, FL 33610
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40062467



02012006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
SIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	HERIVEAU, LINOEL
STREET ADDRESS	4303 FAWN CIRCLE
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	DVPT <input type="checkbox"/> Delete
NAME	PARDIEU, FRANCOIS
STREET ADDRESS	4303 FAWN CIRCLE
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	DS <input type="checkbox"/> Delete
NAME	SIMMONS, YOLANDA
STREET ADDRESS	16808 HAMERRIDGE PLACE
CITY - ST - ZIP	LITHIA, FL 33547
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques, Serge
STREET ADDRESS	4303 FAWN CIRCLE
CITY - ST - ZIP	Tampa FL 33610
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 617, 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: Francois Pardin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-06

Date Daytime Phone #