2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P0000001698

1. Entity Name

ON-SITE MANAGEMENT SERVICES, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

20170 PINES BLVD

STE 302

PEMBROKE PINES, FL 33029

Mailing Address

20170 PINES BLVD

**STE 302** 

PEMBROKE PINES, FL 33029



04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0990327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GRAVES, LAMONT 18611 SW 41ST ST MIRAMAR, FL 33029

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	surpose of changing its reg	istered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	i applicable (NOTE: Re	gistered Agent signature required when reinstating)	DATE
	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	_ +0.00	
10	OFFICERS AND DIREC	TORS	The State of the S	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, LAMONT T 20170 PINES BLVD., SUITE 302 PEMBROKE PINES, FL 33029			00000742341
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/15/07-80065-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 path; that I am an officer or director of the corporation or the receiver of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 07 95 444 3500 Dayuno Phone #