2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # P00000038389 INTERGRATED GENERAL SERVICES, INC. Principal Place of Business Mailing Address 1541 N.E. 167 STREET 7700 SW 135 AVE NORTH MIAMI BEACH, FL 33162 MIAMI, FL 33183 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0996430 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEDEROS, RICCY DO NOT WRITE 7700 SW 135 AVE MIAMI, FL 33183 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD TITLE MEDEROS, RICCY NAME STREET ADDRESS 7700 SW 135 AVE CITY-ST-ZIP MIAMI, FL 33183 10000001815 01/12/04-20028-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied enterpreport is true and accurate and that thy 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my pame appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED