2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90161 035 ***150.00

04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000055323

1. Entity Name
PYRAMID C. SERVICES, INC.

Principal Place of Business	Mailing Address
15822 SW 99 TERRACE MIAMI, FL 33196	15822 SW 99 TERRACE MIAMI, FL 33196

2. Principal Place of Business	3. Mailing Address
5602 NW 112th ct	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami	City & State
Zip: FL / Country: 33178	Zip / Country

4. FEI Number: 65-1015530 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, CLAUDIA I
15822 SW 99 TERRACE
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: Juan Velez
Street Address (P.O. Box Number is Not Acceptable): 5602 NW 112th ct
City: Miami FL Zip Code: 33178

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: [signature] DATE: 5/1/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VELASQUEZ, CLAUDIA I 15822 SW 99 TERRACE MIAMI, FL 33196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Juan Velez 5602 NW 112th ct Miami - FL 33178	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: [signature] Date: 5/1/05 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR