
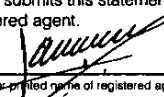
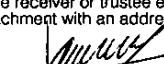


FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90169 037 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000057596			
1. Entity Name SERVICOM MACH, INC.			
Principal Place of Business 11358 SW 247 TERRACE MIAMI, FL 33032		Mailing Address 16300 NE 19TH AVENUE C NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1016376		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, FERNANDO 16300 NE 19TH AVENUE SUITE C NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name JAIME D. MARIAZZA Street Address (P.O. Box Number is Not Acceptable) 11358 SW 247 TERRACE City HOMESTEAD FL Zip Code 33032	
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 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MARIAZZA, JAIME 11358 SW 247 TERRACE MIAMI, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JAIME MARIAZZA		Date 04-06-2005 Daytime Phone # (305) 467-8557	