2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

					05 04 3 00c 0	20105 005 ***150	α	
1. Entity Nam	MENT # P0000063 ign services inc.				90195 005 ***150	.00		
Principal Place of Business Mailing Address				000	82645			
4570 S.W. 151 PLACE 1800 W 49 STREET				400	V			
MIAMI, FL 3		201		1				
Militarii, J.E. O.		HIALEAH, FL 33012	:					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number Applied For 65-1020027 Not Applicable			
Zip	Country	Zip	Country		of Status Desired	S8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	<u> </u>	
V. Name and Products of Out on August 1981				Name				
PAZOS, MARIO			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
4570 S.W. 151 PLACE MIAMI, FL 33185			Circuit Address	35 (1.0. DOX 1401100				
1411/14tt, 1 E	30103							
			City			FL Zip Coo	le	
The above named entity submits this statement for the purpose of changing its registere				rtared agent or hall	s in the State of E		and accept	
	named entity submits this statement in lons of registered agent.	or the purpose of changing its re	gistered office of regi-	stered agent, or ook	i, in the state of F	ionua, ram asima wim,	ани ассері	
•		· v						
SIGNATURE_	Signature, typed or printed name of registered agent		Registered Agent a-griature req	ulred when reinstating)		DATE	 	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
After Ma	ay 1, 2006 Fee will be \$550.	OU MART GAG COMME	oution.					
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR		
IIILE	PD FEDURALDEZ ELDA	☐ Delete	nne			☐ Change	☐ Addition	
NAME:	FERNANDEZ, ELDA		NAME STREET ADDRESS					
SHIELT ADDRESS CHY-SI-ZIP	4570 S.W. 151 PLACE MIAMI, FL 33185		CHY-SI-ZIP					
TITLE	VD	□ Delete	TIFLE			☐ Change	Addition	
NAME	PAZOS, MARIO	3 50.000	NAME					
STREET ADDRESS	4570 S.W. 151 PLACE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33185	-	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			•		
		☐ Deleta	OILE			☐ Change	☐ Addition	
TIFLE NAME		L Detate	NAME			☐ Cuanda	☐ Vocation	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TIPLE		☐ Delete	TIFLE			☐ Change	Addition	
NAME			NAME					
STRELT ADDE¥SS			STREET ADDRESS					
CITY- ST-ZIP		<u></u>	CITY- ST-ZIP					
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					
JINEEL MUUNESS	l		OTTHE OT 710					

12. I hereby certify that the information supplied with this filing does not quark for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE

R DIRECTOR

PRES. 3/22/06 36

- 365) 898-79