

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90077 044 ***150.00

DOCUMENT # P0000099476
 1. Entity Name
E.T.S. SERVICE OF FLORIDA, INC.



Principal Place of Business
~~8025 NW 90 STREET~~
~~MEDLEY FL 33166~~

Mailing Address
~~8025 NW 90 STREET~~ **2678 W. 84th St.**
~~MEDLEY FL 33166~~ **Hialeah, FL 33016**

14002907



MOORE CR2E034 (11/03)

2. Principal Place of Business
2678 West 84 Street
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
FL

4. FEI Number **65-1067638** Applied For
 Not Applicable

Zip **33016** Country **USA**

Zip **33016** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DOMINGUEZ, LILIAN C
7809 N.W. 72 AVE.
MEDLEY FL 33166

7. Name and Address of New Registered Agent
 Name **Javier M. Dominguez**
 Street Address (P.O. Box Number is Not Acceptable) **4381 Magnolia Ridge Dr**
 City **Weston FL** Zip Code **33331**

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 *Javier M. Dominguez* **Javier M. Dominguez** **4/7/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, LILIAN C 7809 N.W. 72 AVE. MEDLEY FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Javier M. Dominguez 4381 Magnolia Ridge Dr Weston, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Javier M. Dominguez* **Javier M. Dominguez** **4/7/04** **305.818.9585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #