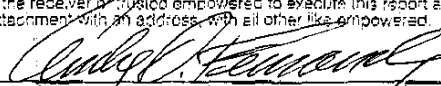


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000105661 1. Entity Name COMET PROFESSIONAL CORPORATION GENERAL SERVICE CONTRACTORS, CORP.		 FILED 04 MAY -5 PM 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA  04282004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%;"><tr><td style="width: 80%;">4. FEI Number: 66-1056613</td><td style="width: 20%;">Applied For: ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number: 66-1056613	Applied For: ☐ Not Applicable	5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent FERNANDEZ, ANDRES O 10376 S.W. 3RD STREET MIAMI, FL 33174		DO NOT WRITE 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 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%;"><tr><td style="width: 15%;">TITLE</td><td>PSTD</td></tr><tr><td>NAME</td><td>FERNANDEZ, ANDRES O</td></tr><tr><td>STREET ADDRESS</td><td>10376 S.W. 3RD STREET</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33174</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	FERNANDEZ, ANDRES O	STREET ADDRESS	10376 S.W. 3RD STREET	CITY-ST-ZIP	MIAMI, FL 33174	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		000036274860 05/13/04-01074-010 **175.00 DO NOT WRITE IN THIS SPACE
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04 28 2004 Date																																								