

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000116513

1. Entity Name
VAZQUEZ SERVICES INC.



Principal Place of Business
**12039 SW 39TH TERR
MIAMI, FL 33175**

Mailing Address
**12039 SW 39TH TERR
MIAMI, FL 33175**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1063158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VAZQUEZ, MANUEL O
1328 SW 17 ST
MIAMI, FL 33145**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE	D
NAME	VAZQUEZ, ALINA
STREET ADDRESS	12039 SW 39 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	VAZQUEZ, MANUEL O
STREET ADDRESS	1328 SW 17 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	VAZQUEZ, ORLANDO
STREET ADDRESS	12039 SW 39TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000297476
04/11/05-80031-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

(MANUEL VAZQUEZ)

4/11/05

305-409-9911