
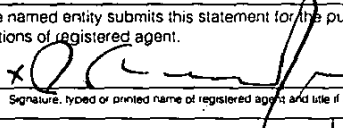
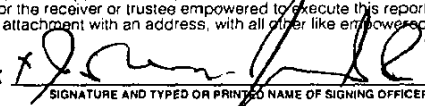


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 031 ***150.00

DOCUMENT # P01000029328 1. Entity Name AYERDIS SURVEYORS SERVICES, INC.					
Principal Place of Business 21 SW 109 AVER #B-1 MIAMI, FL 33174		Mailing Address 21 SW 109 AVER #B-1 MIAMI, FL 33174			
2. Principal Place of Business 9919 SW. 2. STREET Suite, Apt. #, etc.		3. Mailing Address 9919 SW. 2. STREET Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-1084321	
Zip 33174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYERDIS, FRANCISCO 21 SW 109 AVER #B-1 MIAMI, FL 33174				7. Name and Address of New Registered Agent Name AYERDIS, FRANCISCO J. Street Address (P.O. Box Number is Not Acceptable) 9919 SW. 2 STREET City MIAMI FL 33174	
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  FRANCISCO AYERDIS PRESIDENT DATE 4/21/05 <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	PD AYERDIS, FRANCISCO 21 SW 109 AVER #B-1 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYERDIS, FRANCISCO J. 9919 SW. 2 STREET MIAMI, FL. 33174	<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:  FRANCISCO AYERDIS PRESIDENT (305) 228-9181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					