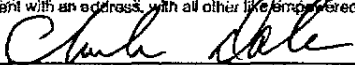


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000037216		
1. Entity Name ADVANCED OUTDOOR SERVICES, INC.		
Principal Place of Business 4811 NW 76TH PLACE POMPANO BEACH, FL 33073		Mailing Address 4811 NW 76TH PLACE POMPANO BEACH, FL 33073
DO NOT WRITE IN THIS SPACE		
		
07062005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1093992		Applied For ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RESTREPO, JAIME 5423 NW 55 TERR COCONUT CREEK, FL 33073		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 withdrawing) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DALE, CHARLES 4811 NW 76TH PLACE POMPANO BEACH, FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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)(j), 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: 		8-30-05 ⁹⁵⁴ 325-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #