

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 045 ***150.00

DOCUMENT # P01000043560 1. Entity Name ILMER SERVICES CORP.					
Principal Place of Business 253 SW 4TH STREET DANIA, FL 33004			Mailing Address 253 SW 4TH STREET DANIA, FL 33004		
2. Principal Place of Business 19621 NW 77 CT		3. Mailing Address 19621 NW 77 CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Briarcliff, FL		City & State Briarcliff, FL		4. FEI Number 65-1098428	
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONCAREVIC, IGOR 17011 NORTH BAY ROAD #707 NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name MARIA ELENA LONCAREVIC Street Address (P.O. Box Number is Not Acceptable) 19621 NW 77 CT City Briarcliff FL Zip Code 33015		
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 <u><i>[Signature]</i></u> Marielena LONCAREVIC 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <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 LONCAREVIC, IGOR 17011 NORTH BAY ROAD #707 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MARIA E 17011 NORTH BAY ROAD #707 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONCAREVIC, IGOR 19621 NW 77 CT. Briarcliff, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONCAREVIC, MARIA ELENA 19621 NW 77 CT. Briarcliff, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: <u><i>[Signature]</i></u> Marielena LONCAREVIC, VP 605) 829-1718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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