

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057547

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SOUTH MIAMI SERVICES, INC.

**Current Principal Place of Business:**

7500 SW 8 ST  
104-A  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7500 SW 8 ST  
104-A  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-1112333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CASTELLANOS, MEINARDO  
3935 N.W. 26 ST.  
MIAMI, FL 33142      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CASTELLANOS, MEINARDO  
Address: 14231 SW 34 ST  
City-St-Zip: MIAMI, FL 33175

Title: STD ( ) Delete  
Name: CASTRO, HAYDEE  
Address: 14231 SW 34 ST.  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEINARDO CASTELLANOS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date