


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90297 020 \*\*\*150.00

|   |  |         |   |  |  |
|---|--|---------|---|--|--|
| <b>DOCUMENT # P01000078145</b><br>1. Entity Name<br><b>ADVANCE SERVICE CORPORATION</b>  |  |         |   |   |  |
| Principal Place of Business<br><b>1920 EAST HALLANDALE BEACH BLVD.<br/>SUITE 804<br/>HALLANDALE, FL 33009</b>   |  |         | Mailing Address<br><b>C/O VIRGILIO VEGA III CPA<br/>318 INDIAN TRACE PMB 530<br/>FORT LAUDERDALE, FL 33326</b>      |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |         | City & State  |  |  |
| Zip   |  | Country |   | Zip  |  |
| Country   |  | Zip     |   | Country  |  |
| 4. Name and Address of Current Registered Agent<br><br><b>VEGA, VIRGILIO III<br/>1943 LANDING WAY<br/>FORT LAUDERDALE, FL 33326</b>   |  |         |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |   | 4. FEI Number<br><b>65-1132539</b>   |  |
| 6. 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.   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>ESQUENAZI, ARI ACHER</b><br><b>1920 E. HALLANDALE BEACH BLVD., SUITE 804</b><br><b>HALLANDALE, FL 33009</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P D</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>BROMBERG, ISAAC S</b><br><b>1920 E. HALLANDALE BEACH BLVD., SUITE 804</b><br><b>HALLANDALE, FL 33009</b>    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VD</b><br><b>STEINVORTZ - BROMBERG, ISAAC</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <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. |  |         |   |  |  |
| <b>SIGNATURE:</b> _____ <b>ARI A. ESQUENAZI</b> 04/25/05 305 3082585  |  |         |   |  |  |