2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 08:00 AM **Secretary of State** DOCUMENT # P01000078145 1. Entity Name ADVANCE SERVICE CORPORATION Mailing Address Principal Place of Business U00000456501 CAO VIRGILIO VEGA III CPA 1920 EAST HALLANDALE BEACH BLVD. 03/16/06-80028-015 150.00 318 INDIAN TRACE PMB 530 SUITE 804 FORT LAUDERDALE, FL 33326 HALLANDALE, FL 33009 02232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1132539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, VIRGILIO III DO NOT WRITE 1943 LANDING WAY FORT LAUDERDALE, FL 33326 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, 20 TITLE NAME ESQUENAZI, ARI ACHER STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., SUITE 804 HALLANDALE, FL 33009 CITY-ST-ZIP TITLE STEINVORTZ-BROMBERG, ISAAC NAME 1920 E. HALLANDALE BEACH BLVD., SUITE 804 STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-712

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attacting it is not provided by Chapter 607, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

305

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