2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

	71111071				lary or State
1. Entity Nam	MENT # P01000098 vices usa, corp.	515		04-10-2	006 90311 028 ***150.00
Principal Plac	e of Business	Mailing Address		CAC	24947
5832 ARTHU HOLLYWOOD		5832 ARTHUR ST HOLLYWOOD, FL 33021		000	164944
2. Principal P	ace of Business AVE	3. Mailing Address SK	1 Ave		
Suite, Apt.		Suite, Apt. #, etc.	1	03232006 Chg-P	CR2E034 (11/05)
City & State	bano Clauk,	Ly & State Ompa	no Beal	4. FB Number 65-1143819	Applied For Not Applicable
330	60. Country	33060	Country	5. Certificate of Status Des	Fee Required
	6. Name and Address of Current F	(egistered Agent	Name C	7. Name and Address of I	New Registered Agent
SEPULVE 5832 ARTI	DA, EDIGAR			EDU/VEO A s (F.O. Box Number is Not Acce	polable)
HOLLYWO	OOD, FL 33021		279	BF 1 AND	+1
<i>;</i>			Pont	por Book	FL Zip Code N
		the purpose of changing its re	gistered office or egis	tered agent, or both, in the State	of Florida. I am familiar with, and accept
the obligat	ions of registered agent.	. 10	/		
SIGNATURE Cought Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
SIGNATURE.	Signature, typed of printed name of registered agent a	nd title if applicable. (NOTE: F	lagistered Agent signature requ	ired when reinstating)	DATE
FIL	Signature, typed of printed name of registered agent a E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	Financing \$	5.00 May Be dided to Fees	DATE
FIL	E NOW!!! FEE IS \$150.00	S. Election Campaigr Trust Fund Contrib	Financing \$	5.00 May Be dided to Fees	D OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filing 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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #