

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118972

FILED
Jan 09, 2004
Secretary of State

Entity Name: QUIPP SERVICES, INC.

Current Principal Place of Business:

4800 NW 157TH ST.
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

4800 NW 157TH ST.
MIAMI, FL 33014

New Mailing Address:

FEI Number: 66-0580700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: T () Delete
Name: BELLO, ERIC
Address: 4800 NW 157TH ST.
City-St-Zip: MIAMI, FL 33014

Title: PCEO () Delete
Name: KADY, MICHAEL S
Address: 4800 NW 157TH ST.
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: SJOGREN, CHRISTER
Address: 4800 NW 157TH ST.
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: KIPP, LOUIS
Address: 4800 N.W. 157TH STREET
City-St-Zip: MIAMI, FL 33014

Title: V () Delete
Name: SWITALSKI, DAVID
Address: 4800 N.W. 157TH STREET
City-St-Zip: MIAMI, FL 33014

Title: V () Delete
Name: JAMIL, MOHAMMED
Address: 4800 N.W. 157TH STREET
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: ERIC BELLO

T

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date

N

N

N

A

4800 N.W. 157TH STREET
HIALEAH, FL 33014