
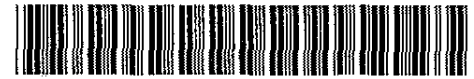


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000002945	
1. Entity Name * INFOAGE SERVICES, CORP.	

Principal Place of Business 934 HARDWICK AVE. ORLANDO FL 32825	Mailing Address 934 HARDWICK AVE. ORLANDO FL 32825
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 80-0023957	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAZQUEZ, AMILCAR 934 HARDWICK AVE. ORLANDO FL 32825

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

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)
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2 February 2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	VAZQUEZ, AMILCAR
STREET ADDRESS	934 HARDWICK AVE.
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	VD <input type="checkbox"/> Delete
NAME	VAZQUEZ, AGLAEE
STREET ADDRESS	934 HARDWICK AVE.
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	SD <input type="checkbox"/> Delete
NAME	VAZQUEZ, AMILCAR JR.
STREET ADDRESS	934 HARDWICK AVE.
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	TD <input type="checkbox"/> Delete
NAME	VAZQUEZ, FRANK
STREET ADDRESS	934 HARDWICK AVE.
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	TD <input type="checkbox"/> Delete
NAME	VAZQUEZ, DAVID
STREET ADDRESS	17720 MIDDLE OAK COURT
CITY - ST - ZIP	FORT MYERS FL 33912
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000424319
02/18/06-80045-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 February 2006 **407-405-036**
Date Daytime Phone #