05-03-2004 90715 009 ***150.00
P02000003684

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 16 PM 12:26

J04079621

DOCUMENT # P02000003684

1. Entity Name
SERVICORP INTERNATIONAL CORP.

FEINSTATEMENT 0304

Principal Place of Business / Mailing Address
2655 LEJEUNE ROAD, SUITE 323
CORAL GABLES, FL, 33134

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3507880
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND ST, 4TH FLOOR
MIAMI, FL, 33145

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTE
NAME	LUIS LAPLANA
STREET ADDRESS	2655 LEJEUNE ROAD, S. 323
CITY-ST-ZIP	CORAL GABLES, FL, 33134
TITLE	V.
NAME	ISAIAS ARAUJO
STREET ADDRESS	2655 LEJEUNE ROAD, S. 323
CITY-ST-ZIP	CORAL GABLES, FL, 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800038433098
06/29/04--01075--012 **158.75

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Joaquin Rodrigo (POA) 4/30/04 305-779-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #