2004 FOR PROFIT CORPORATION

ANNUAL REPORT



1. Entity Nam	MENT # P0200000 VERIES SERVICES CORF					01-29-2004	4 90077 028 ***1.5	50.00
Principal Place	e of Business	Mailing Address					77200020	
410 N ROYAL POINCIANA BLVD		410 N ROYAL POINCIANA BLVD						at .
#A8 Miami, FL 3:	3166	#A8 MIAMI, FL 33166						
Principal Place of Business		3. Mailing Address			1811 31831 BBIIK 88311 38			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe 33-0994			pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered Agent	JU
				Name				·
MASSIE, RODOLFO E 410 N ROYAL POINCIANA BLVD STE A8				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33166				-			• •
				City			FL Zip Coo	de
8. The above	named entity submits this statement	for the purpose of changing	its register	ed office or re	egistered agent, or bot	h, in the State of Fi	1	, and accept
	ions of registered agent.		,					•
SIGNATURE_	Signature, typed or printed name of registered age	nt and title of applicable.	NOTE: Registere	ed Agent signature	required when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees			
10.	OFFICERS AN		11.			CHANGES TO OF	FICERS AND DIRECTOR	
TITLE NAME	PSD Delete ITTI				Rodolfo E.	MAGSIE	Change	Addition
STREET ADDRESS 410 N ROYAL POINCIANO BLVD NO A8			EET ADDRESS	MIAULI, TEL	Poinceia 33166	ua islad # A	-8	
TITLE	VTD	Delete	TITL	.E	MTA		Change	Addition
NAME	MASSIE, RODOLFO E			AE	Julia 5.1	-loveno	ciona Alod	1-8
			EET ADDRESS Y-ST-ZIP	410 N. Ko.	tal tom	2166	4 6 7	
TITLE	MIAMI, FL 33166	Delete			MIAULI	100 5		🗔 Addition
NAME			NAM	I .	•			
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP			☐ Change	Addition
TITLE NAME		Delete	TITI Nai	į			Griange	E J Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE NAME		☐ Delete	TITE NA	I			Change	☐ Addition
STREET ADDRESS	-	•		EET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE		Delete	TITI	LE			☐ Change	Addition
NAME								
CTREET ADDRESS			NAI Ste	1				
STREET ADDRESS CITY-ST-ZIP		$\sqrt{}$	STF	ME HEET ADDRESS Y-ST-ZIP				

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. indicated on this report or supplemental report is of the corporation or the receiver of trustee empor changed, or on an attachment with an address, v

SIGNATURE:

(305) 401-6940