

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038388

Entity Name: NAZCA SERVICES INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

9300 S. DIXIE HWY #205  
MIAMI, FL 33156

## New Principal Place of Business:

9300 S. DIXIE HWY  
SUITE 200  
MIAMI, FL 33156

## Current Mailing Address:

NAZCA SERVICES  
P.O. BOX 56-5832  
MIAMI, FL 33256

## New Mailing Address:

NAZCA SERVICES  
P.O. BOX 56-5832  
MIAMI, FL 33256-58

FEI Number: 30-0063577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIGA, KATHERINE  
9300 S. DIXIE HWY #205  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

HIGA, KATHERINE  
9300 S. DIXIE HWY #200  
MIAMI, FL 33156 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HIGA, KATHERINE  
Address: 9300 S. DIXIE HWY #205  
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete  
Name: HEREDIA, SILVANA  
Address: 9300 S. DIXIE HWY #200  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HIGA, KATHERINE  
Address: 9300 S. DIXIE HWY #200  
City-St-Zip: MIAMI, FL 33156

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: KATHERINE HIGA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date