


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000044749 1. Entity Name GAVILANES SERVICES, CORP.	
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Principal Place of Business 2225 GRAND ST HOLLYWOOD, FL 33020	Mailing Address 2225 GRAND ST HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0433469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACEDO, CARLOS C & S INTERNATIONAL GROUP INC 9745 MILLER DRIVE MIAMI, FL 33165
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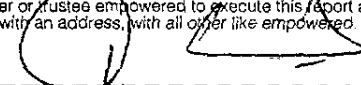
DO NOT WRITE IN THIS SPACE

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  (NOTE: Registered Agent signature required when reinstating)
DATE 5/10/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GALLEGOS, MARIA ISABEL G 2225 GRAND ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORENO, ALFREDO HANZE 2225 GRAND ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUQUE, JACQUELINE A 12968 NW 18 COURT PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(f), 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:  ACCOUNTANT, (914) 249-3227 5-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #