## 2004 FOR PROFIT CORPORATION

## Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000046493 04-26-2004 90430 014 \*\*\*150.00 1. Entity Name CORSAL SERVICES INC. Principal Place of Business Mailing Address 15551 SW 104 TERR 11545 SW 124 COURT MIAMI, FL 33186 8110 MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 71-0881941 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired \_\_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLES, LORENA Street Address (P.O. Box Number is Not Acceptable) 15551 SW 104 TERRACE APT 8110 MIAMI, FL 33196 Zip Code City FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Change ☐ Addition TITLE Delete TITLE VALLES, LORENA NAME NAME STREET ADDRESS 11545 SW 124 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP D ☐ Delete ☐ Change ☐ Addition TITLE TITLE VALLES, FERNANDA NAME NAME STREET ADDRESS 11545 SW 124 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE \_ □ Delete :... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attagramment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

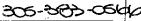
NAME

STREET ADDRESS CITY-ST-7IP

> PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

☐ Delete

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Daytime Phone #

☐ Change

☐ Addition

FILED