

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053253

Entity Name: TD SERVICES CORP.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

2550 NW 72ND AVE SUITE 203
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2550 NW 72ND AVE SUITE 203
MIAMI, FL 33122

New Mailing Address:

FEI Number: 04-3689228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMAS, JUAN M
442 CENTRAL BLVD
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMAS, JUAN M
Address: 2550 NW 72ND AVE SUITE 203
City-St-Zip: MIAMI, FL 33122

Title: VD () Delete
Name: TOMAS, JUAN
Address: 2550 NW 72ND AVE SUITE 203
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOMAS, JUAN M
Address: 442 CENTRAL BLVD
City-St-Zip: MIAMI, FL 33144

Title: VD (X) Change () Addition
Name: TOMAS, ROBERTO G
Address: 16383 SW 97 ST
City-St-Zip: MIAMI, FL 33196

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: JUAN M TOMAS

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date