


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000068220 1. Entity Name GOLF CONTRACTING SERVICES, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 | Mailing Address 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01032005 No Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 02-0684173 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent RIVERO, LUCIO A 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000194937 01/26/05-80008-021 158.75 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RIVERO, LUCIO A 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT RIVERO, JORGE A 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HERRERA, LEOPOLDO 7105 SW 47 ST UNIT 403 MIAMI, FL 33155 |
| 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)(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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #