2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # P02000071948** SANSER SERVICES, CORP. Principal Place of Business Mailing Address 8510 S W 149TH AVENUE, #1103 8510 S W 149TH AVENUE, #1103 MIAMI, FL 33193 MIAMI, FL 33193 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0726566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HELVER, SANDRA DO NOT WRITE 8510 S W 149TH AVENUE, #1103 MIAMI, FL 33193 IN THIS SPACE 3. 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000211036 TITLE 02/02/05-80105-004 150.00 ALGARBE, SERGIO NAME STREET ADDRESS 8510 S W 149TH AVENUE, #1103 CITY-ST-ZIP MIAMI, FL 33193 DVS TITLE HELVER, SANDRA NAME 8510 S W 149TH AVENUE, #1103 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ППЕ NAME STREET ADDRESS City - ST - ZIP TITLE

FILED

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 cath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the changed, or on an attachment

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP