

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90018 024 \*\*\*150.00

**DOCUMENT # P02000079417**

1. Entity Name  
**MIAMI-DADE ASSOCIATION OF PROCESS SERVERS,  
INC.**



Principal Place of Business  
**1001 N AMERICAN WAY, STE 107  
MIAMI, FL 33132**

Mailing Address  
**1001 N AMERICAN WAY, STE 107  
MIAMI, FL 33132**

**14000327**



01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**56-2304145**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MANN, THOMAS C.  
1001 N AMERICAN WAY, STE 107  
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BOBES, STEVEN**  
STREET ADDRESS **1625 SW 83RD AVE**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **S** ☐ Delete  
NAME **LLOTTA, JOSEPH**  
STREET ADDRESS **1001 N. AMERICAN WAY #107**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **T** ☐ Delete  
NAME **BOBES, STEVEN**  
STREET ADDRESS **1001 N. AMERICAN WAY, #107**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **VP** ☒ Delete  
NAME **WILLIAMS, FRED**  
STREET ADDRESS **1001 N. AMERICAN WAY, #107**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **P** ☐ Delete  
NAME **DELGADO, FELIX**  
STREET ADDRESS **1001 N. AMERICAN WAY #107**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **LANCIE RANDALL**  
STREET ADDRESS **1001 N. AMERICAN WAY #107**  
CITY-ST-ZIP **MIAMI FL 33132**

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:

**STEVEN BOBES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/04**  
Date

**305 638-6051**  
Daytime Phone #