



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90239 012 ***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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2304145	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME RANDALL, LANCE STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LLOTTA, JOSEPH STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE P NAME LLOTTA, JOE STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BOBES, STEVEN STREET ADDRESS 1001 N. AMERICAN WAY; #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete		TITLE VP/T NAME BOBES, STEVEN STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME DELGADO, FELIX STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete		TITLE D NAME DELGADO, FELIX STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME GINZO, ANTONIO STREET ADDRESS 1001 N. AMERICAN WAY #107 CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>STEVEN BOBES</u> 4-13-05 305 638 6051					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					