

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087681

FILED
Apr 28, 2004
Secretary of State

Entity Name: SPECIAL TOUCH GENERAL SERVICES, INC.

Current Principal Place of Business:

3533 WILES ROAD #205
COCONUT CREEK, FL 33073

New Principal Place of Business:

1079 SW MC COY AVENUE
PORT ST LUCIE, FL 34953

Current Mailing Address:

3533 WILES ROAD #205
COCONUT CREEK, FL 33073

New Mailing Address:

1079 SW MC COY AVENUE
PORT ST LUCIE, FL 34953

FEI Number: 47-0882581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
533 E. SAMPLE RD.
POMPAÑO BEACH, FL 33064 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: BIASI, LEONARDO N
Address: 3533 WILES ROAD #205
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD (X) Delete
Name: RODRIGUES, GILMAR A
Address: 3533 WILES RD., #205
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BIASI, LEONARDO N
Address: 1079 SW MC COY AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEONARDO N. BIASI

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date