

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90040 048 ***150.00

DOCUMENT # P02000111446

1. Entity Name
IMMIGRATION SERVICES, INC.



Principal Place of Business

5201 S. R. 674
TAMPA, FL 33598

Mailing Address

5201 S. R. 674
TAMPA, FL 33598

60016727



2. Principal Place of Business

11 7th Ave N.E

3. Mailing Address

11 7th Ave. N.E

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

Ruskin, FL.

City & State

RUSKIN, FL.

Zip

33570

Country

U.S.A.

Zip

33570

Country

USA

02092006

Chg-P

CR2E034 (11/05)

4. FEI Number

81-0579161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

POULIANOS, MARIANTHE
5201 S. R. 674
WIMAUMA, FL 33598

7. Name and Address of New Registered Agent

Name **MARIANTHE POULIANOS**

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

11 7th Ave. N.E

City

Ruskin

FL

Zip Code

33570

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **POULIANOS, MARIANTHE**
STREET ADDRESS **5201 S. R. 674**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

M. Poulianos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

Date

Daytime Phone #