2004 FOR PROFIT CORPORATION

Apr 23, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000114548** 1. Entity Name AMERICAN REFERRAL SERVICES, INC. Principal Place of Business Mailing Address 1776 N PINE ISLAND RD #118 1776 N PINE ISLAND RD #118 PLANTATION, FL 33322 PLANTATION, FL 33322 No Chg-P CR2E034 (10/03) 04152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0742409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, MANUEL D DO NOT WRITE 1776 N PINE ISLAND RD #118 PLANTATION, FL 33322 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. signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS HILE NAME GARCIA, MANUEL D 1776 N PINE ISLAND RD #118 STREET AUDPLSS U00000127897 04/26/04-80017-006 150.00 PLANTATION, FL 33322 CHY-SI-JIP THLE NAME STREET AUDRESS CHY-S1-ZIP HILL 1.414 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MATA STREET ADDRESS CHIV-SE-ZIE Hills NAME STREET ADDRESS CHY-SI-ZIP 41418

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 suppliemental region 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 impowered 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 attactiment with an appliess with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY SI-ZIP

> YPEO OR P SIGNATURE ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED