

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 040 ***150.00

DOCUMENT # P02000114759 1. Entity Name COUNTRY CLUB SERVICE GROUP, INC.			
Principal Place of Business 2030 NW 98 WAY PEMBROKE PINES, FL 33024		Mailing Address 2030 NW 98 WAY PEMBROKE PINES, FL 33024	
2. Principal Place of Business / No P.O. Box # 21114 N Flamingo Rd #164		Mailing Address 21114 N Flamingo Rd #164	
Suite, Apt. #, etc. 164		Suite, Apt. #, etc. 164	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33028		Zip 33028	
Country 		Country 	
3. Name and Address of Current Registered Agent RIVERA, CARLOS 2030 NW 98 WAY PEMBROKE PINES, FL 33024		4. FEI Number 14-1852466	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RIVERA, CARLOS 2030 NW 98 WAY PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Rivera, Carlos Street Address (P.O. Box Number is Not Acceptable) 21114 N Flamingo Rd #164 City Pembroke Pines FL Zip Code 33028	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIVERA, CARLOS 2030 NW 98 WAY PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President RIVERA, CARLOS 21114 N. Flamingo Rd #164 Pembroke Pines, FL 33028
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
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
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
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
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	