
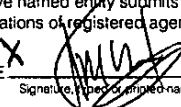
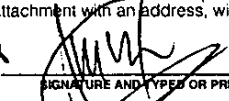


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 020 ***150.00

| | | | | | |
|---|---|------------------------------------|---|--|--|
| DOCUMENT # P02000120641 | | | |  | |
| 1. Entity Name P & Q SERVICES, INC. | | | | | |
| Principal Place of Business 1130 COBBLESTONE CIR., APT E KISSIMMEE, FL 34744 | | | Mailing Address 1130 COBBLESTONE CIR., APT E STE 503 KISSIMMEE, FL 34744 | | |
| 2. Principal Place of Business 1400 BASS SLOUGH CIR. | | | 3. Mailing Address 1400 BASS SLOUGH CIR. | | |
| Suite, Apt. #, etc. APT 1603 | | | Suite, Apt. #, etc. APT 1603 | | |
| City & State KISSIMMEE, FL | | | City & State KISSIMMEE, FL | | |
| Zip 34743 | | Country US | | Zip 34743 | |
| Country US | | 4. FEI Number 41-2067589 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAREDES, EDER 3501 W. VINE ST STE 503 KISSIMMEE, FL 34741 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  DATE 4/29/05 | | | | | |
| Signature, if not the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D PAREDES, EDER <input type="checkbox"/> Delete 1130 N COBBLESTONE CIR STE F KISSIMMEE, FL 34744 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 BASS SLOUGH CIR. KISSIMMEE, FL 34743 | |
| 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 | |
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| 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:  | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Date 4/29/05 | | | Daytime Phone # 407-9473257 | | |

50046531



04292005 Chg-P CR2E034 (10/03)