FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT Feb 24, 2005 08:00 AM Secretary of State **DOCUMENT # P02000129374** 1. Entity Name

Principal Pince of Business	S3 SERVICES OF FLORIDA, INC.			
DO NOT WRITE IN THIS SPACE 4. FEI Number	5343 N.W. 55TH TERRACE 5343 N.W. 55TH TERRACE	US		
SALVAGE, JEROLD SAVAS N.W. 55TH TERRACE COCONUT CREEK, FL 33073 S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TO. OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAM	DO NOT WRITE IN THIS SPA	CE	02212005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable	
SALVAGE, JEROLD \$343 N.W. 55TH TERRACE COCONUT CREEK, FL 33073 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 Image: Company Image: Compa				
THE COCONUT CREEK, FL 33073 TILE NAME SIRET ADDRESS CITY-ST-ZP TILE TILE TILE Signature, typed or printed rame of registered agent and site of another between agent signature required when refresheres) DATE 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZP TITLE MAME SIRET ADDRESS	SALVAGE, JEROLD 5343 N.W. 55TH TERRACE			
SIGNATURE Signature, typed or printed rame of registered agent and \$80 it anoticable. PROTE, Registered Agent signature required show refractions) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITTLE PTD NAME SALVAGE, JEROLD STRETT ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME STRETT ADDRESS CITY-ST-ZIP TITLE NAME STRETT ADDRESS				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SALVAGE, JEROLD STREET ADDRESS GITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Register	ed Agent signature required	d when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOWIN FEE 19 \$ 190.00		ded to Fees	
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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 eath; 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:

SIGNATURE

SIGNATURE

SIGNATURE

Dayline Proce 8

TITLE NAME STREET ADDRESS CITY-ST-ZIP