


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000129374 1. Entity Name S3 SERVICES OF FLORIDA, INC.	
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Principal Place of Business 5343 N.W. 55TH TERRACE COCONUT CREEK, FL 33073 US	Mailing Address 5343 N.W. 55TH TERRACE COCONUT CREEK, FL 33073 US
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3089388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SALVAGE, JEROLD
5343 N.W. 55TH TERRACE
COCONUT CREEK, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALVAGE, JEROLD 5343 N.W. 55TH TERRACE COCONUT CREEK, FL 33073
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04/20/06-80037-008 150.00

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: Jerold Salvage **Jerold Salvage 4.3.06 (954)815-0875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date