



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

| | | | | |
|---|--|--|--|---|
| DOCUMENT # P03000007110 1. Entity Name EAGLE SERVICE & REPAIR, INC. | |  | | |
| Principal Place of Business 531 E. 7TH AVE. HIALEAH, FL 33010 | | Mailing Address 531 E. 7TH AVE. HIALEAH, FL 33010 | | |
| DO NOT WRITE IN THIS SPACE | | | | |
| | | | |  01222005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 65-1168550 | | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent RUIZ, OSVALDO 531 E. 7TH AVE. HIALEAH, FL 33010 | | 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: <i>[Signature]</i> 1/22/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | |
| 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 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PD RUIZ, OSVALDO 531 E. 7TH AVE. HIALEAH, FL 33010 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | SD RUIZ, AMELIA 531 E. 7TH AVE. HIALEAH, FL 33010 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 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: <i>[Signature]</i> 1/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | |