2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

		KEPOKI		200000000000000000000000000000000000000	
DOCUMENT # P0300007110 1. Entity Name EAGLE SERVICE & REPAIR, INC.		10		Secretary of State	
Principal Plan	ce of Business	Mailing Address			
531 E. 7TH	AVE.	531 E. 7TH AVE.			
HIALEAH, FI	L 33010	HIALEAH, FL 33010			
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	NO IACL ANDITE	HA ILHO OLW	~ 	4. FEI Number Applied For	
	,		-	65-1168550 Not Applicable	
,			•	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	••••	Fee Hequired	
RUIZ, OSVALDO 531 E. 7TH AVE. HIALEAH, FL 33010				DO NOT WRITE IN THIS SPACE	
8 The above	a named entity submits this statement for t	he purpose of changing its register	ad office or replace	nd name or both in the Photo of Fleude. London the first the and	
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.					
1/22/05					
SIGNATURE.	Signature, by fed or printed name of registered agent and	title if applicable. (NOTE, Registere)	d Agent signature required		
				7,7	
FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
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10.	OFFICERS AND DI	RECTORS			
TITLE	PD PURE COMMUNICATION		1	1	
NAME STREET ADDRESS	RUIZ, OSVALDO 531 E. 7TH AVE.		ŀ		
CITY-ST-ZIP	HIALEAH, FL 33010		i		
TITLE	SD SD			U00000221302 02/09/05-80029-002 158.75	
NAME	RUIZ, AMELIA		5	02/09/05-80029-002 158.75	
STREET ADDRESS	1	 ·		A Company of the Comp	
CITY-ST-ZIP	HIALEAH, FL 33010		Lauren	Commence of the Commence of th	
TITLE			No. 37 S. G. P. P. S. A.		
NAME	-		,	1	
STREET ADDRESS				TO A SAME AS A SAME SAME AND A SAME AS A SAME	
CITY-ST-ZIP		<u> </u>		DO NOT WRITE	
TITLE			, ,	IN THIS SPACE	
NAME				IIA IIIIO OLWACI	
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CITY-ST-ZIP		<u> </u>	ggarante ago apaphi il ilian e	The state of the s	
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NAME STREET ADDRESS	i				
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CITY-ST-ZIP		**************************************	ALCO KAR TORR		
TITLE	·	**	1		
NAME STREET ADDRESS	`				
CITY-ST-ZIP		,	,		
	partify that the information supplied with the	is filing doop not overify for the	makan alas al la C	No. 440 07(0)(3 5)	
12. I hereby certify that the information supplied with this fitting 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 appears with appears, with all other like empowered.					
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SIGNATURE: X. Millio Kruz 1/22/05					
		TED NAME OF SIGNING OFFICER OF DIRECTO	OR .	Date Daysme Phone #	