

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007243

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: COMPLETE CORPORATE SERVICES, INC.

## Current Principal Place of Business:

915 MIDDLE RIVER DR, STE 410  
FT LAUDERDALE, FL 33304

## New Principal Place of Business:

PO BOX 832137  
MIAMI, FL 332832137

## Current Mailing Address:

P O BOX 832137  
MIAMI, FL 332832137

## New Mailing Address:

FEI Number: 20-1069520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLESTAS AND ASSOCIATES, INC.  
915 MIDDLE RIVER DR, STE 410  
FT LAUDERDALE, FL 33304      US

## Name and Address of New Registered Agent:

BALLESTAS AND ASSOCIATES, INC.  
7730 SW 68 TR  
MIAMI, FL 33143      US

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.

SIGNATURE: A. BALLESTAS, PRES.

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BALLESTAS, ALINA  
Address: 915 MIDDLE RIVER DR, STE 410  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: SD ( ) Delete  
Name: BALLESTAS, ACHILLES  
Address: 915 MIDDLE RIVER DR, STE 410  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VD (X) Delete  
Name: RUIZ, DAVID  
Address: 915 MIDDLE RIVER DR, STE 410  
City-St-Zip: FT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BALLESTAS, ALINA  
Address: PO BOX 832137  
City-St-Zip: MIAMI, FL 332832137

Title: SD (X) Change ( ) Addition  
Name: BALLESTAS, ACHILLES  
Address: PO BOX 832137  
City-St-Zip: MIAMI, FL 332832137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINA BALLESTAS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date