2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P03000021938								Secretary of State				
1. Entity Name CONSOLIDATED HANDLING SERVICES, INC.												
			<u> </u>				_			-		
Principal Place		;		Mailing Address								
4831 N.W. 99TH COURT MIAMI, FL 33178				4831 N.W. 99TH COURT MIAMI, FL 33178			t :##!!##! til	TRIVE ISSES MATTE - BITE F		NIM fortuna letora in		
2. Principal Place of Business				3. Malling Address								
Suite, Apt. #, etc				Suite, Apt. #, etc.			01062004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State			4. FEI Numbe	er .		<u> </u>	oplied For ot Applicable	
Zip	Country			Zip Country			5. Certificate	of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New	Registered	Agent		
CABALLERO, CARLOS A 4831 N.W. 99TH COURT				·		sss (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33178												
						City		-	FL	Zip Cod	e	
8. The above r the obligation	named entity ons of registe	submits this st ered agent.	atement for	the purpose of changin	ng its register	ed office or regis	tered agent, or bol	h, in the State of F	iorida. I am	amiliar with,	and accept	
SIGNATURE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
16,		OFFIC	ERS AND D	PIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	ş İN 11	
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		RO, CARLOS 99TH COUR			NAN STR	1E EET ADDRESS						
	MIAMI, FL					·ST-ZIP						
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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 chapter of the corporation of the												
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SIGNATURE: Leslo, Colollew 1-7-04 305-3334												
SIGNATU	7KE:	SIGNATURE AND	TWEE OF PR	NTED NAME OF SIGNING OFF	ICER OR DIRECT	ron (VIV CEC	Date 7	D.	ylme Phone #	-222 X	
SIGNATURE AND TWEED ON PRINTED HANTE OF SIGNING OFFICER ON DIRECTOR Date Date Continue Phone #												