


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90967 039 ***150.00

DOCUMENT # P03000021981 1. Entity Name ASSISTCOMP SERVICES INCORPORATED			
Principal Place of Business 2375 W 80 ST #7 HIALEAH, FL 33126		Mailing Address 2375 W 80 ST #7 HIALEAH, FL 33126	
2. Principal Place of Business 2350 W 84th STREET Suite, Apt. #, etc. # 6		3. Mailing Address 2350 W 84th STREET Suite, Apt. #, etc. # 6	
City & State HIALEAH FL 33016 Zip Country		City & State HIALEAH FL 33016 Zip Country	
4. FEI Number 36-2337237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERDOMO, LIDIA 20 SW 58TH AVE. MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUANIPA, CARMEN M 2375 WEST 80TH #7 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUANIPA, CARMEN M 2350 W 84th STREET # 6 HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCISCO, IVETTE 2375 WEST 80TH #7 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCISCO, IVETTE 2350 W 84th STREET APT#6 HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carmen M. Guanipa</u> CARMEN M. GUANIPA <u>04-28-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			