

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

3. Mailing Address  
2350 W 84th STREET

Suite, Apt. #, etc.  
# 6

Suite, Apt. #, etc.  
# 6

City & State  
HIALEAH FL 33016

City & State  
HIALEAH FL 33016

Zip

Zip

Country

04282005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, LIDIA  
20 SW 58TH AVE.  
MIAMI, FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD  Delete  
NAME GUANIPA, CARMEN M  
STREET ADDRESS 2375 WEST 80TH #7  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VD  Delete  
NAME FRANCISCO, IVETTE  
STREET ADDRESS 2375 WEST 80TH #7  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  Change  Addition  
NAME GUANIPA, CARMEN M  
STREET ADDRESS 2350 W 84th STREET # 6  
CITY-ST-ZIP HIALEAH FL 33016

TITLE VD  Change  Addition  
NAME FRANCISCO, IVETTE  
STREET ADDRESS 2350 W 84th STREET APT#6  
CITY-ST-ZIP HIALEAH FL 33016

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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: *Carmen M. Guanipa*

CARMEN M. GUANIPA 04-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #