## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # P03000021994  1. Entity Name FAITH SERVICES, INC.  Principal Place at Ourisess  Mailing Address  Mailing Address   |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
|---|-----------------|----------------------|-----------------------|-------------------------------------|--|---|----------------------------------|----------|---------------------------|------------|--|
| DOCUMENT # P03000021994  1. Entity Name   |                 |                      |                       |                                     |  |   | E 12                             |          |                           |            |  |
| FAITH SERVICES, INC.  |                 |                      |                       |                                     |  | OL MAY L'<br>SECRETA<br>TALLAH              | " WILL ?                         | JE.      |                           |            |  |
| Principal Plac  | a of Busines    |                      |                       | - July 11                           | 10.13 10 1116                                      | ADIS  |                                  |          |                           |            |  |
| Principal Place of Business<br>6801 SW 84TH AVE   |                 |                      | •                     | Mailing Address<br>6801 SW 84TH AVE |  |   | SEELL                            |          |                           |            |  |
| MIAMI, FL 33142   |                 |                      | MIAMI, FL 33143       | MIAMI, FL 33143                     |  |   |                                  |          |                           |            |  |
| *   |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| 2. Principal Place of Business  |                 |                      | 3. Mailing Address    |                                     |  |   |                                  |          |                           |            |  |
| Suite, Apt. #, etc.   |                 |                      | Suite, Apt. #, etc.   |                                     |  |   | Chg-P                            | CR2E03   | 4 (10/03)                 |            |  |
| City & State  |                 | City & State         |                       |                                     | 4. FEI Number 56-2317112                           |   | -                                | No       | plied For<br>t Applicable |            |  |
| Zip   |                 | Country              | Zip                   | Cour                                | ntry   | 5. Certificate of                           | Status Desired                   |          | 8.75 Add<br>ee Required   |            |  |
| 6. Name and Address of Current Registered Agent   |                 |                      |                       |                                     |  | 7. Name and Address of New Registered Agent |                                  |          |                           |            |  |
| KERR, BRYAN S   |                 |                      |                       |                                     |  | Name  |                                  |          |                           |            |  |
| 9924 SW 156 CT<br>MIAMI, FL 33196   |                 |                      |                       |                                     | Street Address (P.O. Box Number is Not Acceptable) |   |                                  |          |                           |            |  |
|   |                 |                      |                       |                                     |  | City FL Zip Code                            |                                  |          | э                         |            |  |
| R. The above named entity submits this statement for the numerous of changing its registery   |                 |                      |                       |                                     |  | stered agent or both                        | in the State of Flo              |          | miliar with.              | and accept |  |
| 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 purited name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE   |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| 9. Election Campaign Financing \$5.00 May Be  |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| Am  | ended Al        | R is \$61.25         | Trust Fund Co         | ntribution.                         |  | Added to Fees                               |                                  |          |                           |            |  |
| 10. ~   |                 | OFFICERS AN          | ND DIRECTORS          | 11.                                 |  | ADDITIONS/C                                 | HANGES TO OFFI                   | CERS AND | DIRECTORS                 | 3 IN 11    |  |
| TITLE 4   | DPT             | SUIDI EV             | ☐ Delete              | ☐ Delete TITLE                      |  |   |                                  |          | ☐ Change                  | Addition   |  |
| STREET ADDRESS  | *               |                      |                       |                                     | EET ADDRESS  |   |                                  |          |                           |            |  |
| CITY-ST-ZIP   | MIAMI, FL 33142 |                      | CIT                   |                                     | 7-ST-ZIP   |   |                                  |          |                           |            |  |
| TITLE   |                 |                      |                       | TITE                                |  | Vice President ☐ Change                     |                                  |          |                           | Addition   |  |
| NAME<br>STREET ADDRESS  |                 |                      |                       | NAN<br>STR                          | EET ADORESS  | Snaree Ba                                   | haree Bailey<br>801 SW 84th Ave. |          |                           | ]          |  |
| CITY-ST-ZIP   |                 | C                    |                       | CITY                                | Y-ST-ZIP   | Miami, F1 33142                             |                                  |          |                           |            |  |
| TITLE   |                 | ☐ Delete THT         |                       | 1                                   | 60   | 00273                                       | 4.5n                             | Change   | Addition                  |            |  |
| NAME<br>STREET ADDRESS  |                 |                      |                       | NAN<br>STR                          | EET ADDRESS  | 05/26/                                      | <b>0037</b> 3<br>0401055         | 008      | **61.2                    | 25         |  |
| CITY-ST-ZIP   |                 |                      |                       | CIT                                 | Y-ST-ZIP   |   |                                  |          |                           |            |  |
| Title -   |                 |                      | == Delete             |                                     | 1  |   | <del></del>                      |          |                           | Addition   |  |
| NAME<br>STREET ADDRESS  |                 |                      |                       | NAM<br>STR                          | ME<br>REET ADDRESS                                 |   |                                  |          |                           |            |  |
| CITY-ST-ZIP   |                 |                      |                       | CIT                                 | Y-ST-ZIP   |   |                                  |          |                           |            |  |
| TITLE   |                 |                      | ☐ Delete              | TITI                                |  |   |                                  | •        | ☐ Change                  | ☐ Addition |  |
| NAME<br>STREET ADDRESS  |                 |                      |                       | NAM<br>STE                          | ME<br>Reet address                                 |   |                                  |          |                           |            |  |
| CHY-ST-ZIP  |                 |                      |                       |                                     | Y-ST-ZIP   |   |                                  |          |                           |            |  |
| TITLE   |                 |                      | ☐ Delete              | TIT                                 |  |   |                                  |          | ☐ Change                  | Addition   |  |
| NAME<br>STREET ADDRESS  |                 |                      |                       | NAI                                 | ME<br>REET ADDRESS                                 |   |                                  |          |                           |            |  |
| CITY-ST-ZIP   | 1               |                      |                       |                                     | Y-ST-ZIP   |   |                                  |          |                           | l          |  |
| 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 cooperation 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. |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| =1-1  |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                 |                      |                       |                                     |  |   |                                  |          |                           |            |  |
| 1   |                 | SIGNATIONS AND TIPEU | STATE OF SIGNING UPHC | - O OR DINE                         | o.un   |   | Frate                            | / US     | i; time Prone #           | l l        |  |