## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 03-09-2004 90059 005 \*\*\*150.00 DOCUMENT # P03000022284 BID SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 66422308 2365 SW 22 TERRACE 2365 SW 22 TERRACE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 CR2E034 (10/03) 4. FEI Number 32-00621 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Na<u>me</u> SANTOS, ROLANDO JR. Street Address (P.O. Box Number is Not Acceptable) 2365 SW 22ND TERRACE MIAMI, FL, FL 33145 City 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. ) 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 eignsture required when reinstating DATE FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Deleta TITLE Change . ■ Addition ROLANDO NAME ROLANDO, SANTOS JR. NAME . SANTOS, R FL 33.UC 2365 SW 22 TERRACE STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP VP TITLE ☐ Delete ☐ Change Addition CABRERA, MELVIN NAME NAME STREET ADDRESS SYS W 12 ST APT 4-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33 010 DILE ☐ Delete TITLE ☐ Change Addition CABRERA, FAUSTINO 545 W 12 ST APT 4-A HIALEAH FL 33 010 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Octob TITLE ☐ Change ☐ Addition v f NAME SERA, 6345 JOSE STREET ADDRESS STREET ADDRESS SW 9 ST CITY - ST - ZIP CITY-ST-ZIP MIAMI 33144 Delete DII F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 adjurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver trustee empowered to provide 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 affactment with address, with all good the empowered. ROLANDO SANTOS, JR. 3-04-04 SIGNATURE:

FILED

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May 17, 2004 8:00 am

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