

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024647

Entity Name: ALLOROSA SERVICES INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

5014 NW 7TH AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5014 NW 7TH AVENUE
MIAMI, FL 33127

New Mailing Address:

13761 MEMORIAL H'WY
MIAMI, FL 33161

FEI Number: 51-0448939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESSOURCES, ROBERT
13761 MEMORIAL H'WY
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES () Change (X) Addition
Name: JOSEPH, MEGIT
Address: 13455 N.E 10TH AVE #211
City-St-Zip: N. MIAMI, FL 33161

Title: DIR () Change (X) Addition
Name: DESSOURCES, ROBERT
Address: 13761 MEMORIAL H'WY
City-St-Zip: MIAMI, FL 33161

Title: DIR () Change (X) Addition
Name: CESAR, DELINOIS
Address: 12230 N.W 19 AVE
City-St-Zip: MIAMI, FL 33167

Title: OFF () Change (X) Addition
Name: PADILLA, HUGO O
Address: 7100 S.W 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELINOIS CESAR

DIR

02/06/2004

Electronic Signature of Signing Officer or Director

_____ Date