2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

	AIIIIOA			<u></u>	- I	Secret	arv ot s	State
DOCUMENT # P03000026803 1. Entity Name TAMPA BAY BUSINESS SERVICES, INC.					03-18-2005 90051 006 ***150.00			
Principal Plac	ce of Business	Mailing Address			1			
16067 EME	RALD COVE RD. ERDALE, FL 33331	PO BOX 267902 WESTON, FL 33326		1 488 (798) 113 d		III Pa us ann Burt 1811		
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132005 Chg-P CR2E034 (10/03)				
City & State		City & State			4. FEI Number 33-1048442			Applied For Not Applicable
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired Fee F			Additional uired
	6. Name and Address of Curren		7. Name and Address of New Registered Agent					
HMENEZ	IVCKETINE			Name				
JIMENEZ, JACKELINE 10605 S.W. 79 PLACE MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)				
·								
				City				Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s register	ed office or register	red agent, or both	, in the State of Fi	orida. I am familiar v	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Cor	_		.00 May Be led to Fees			***
10.	OFFICERS AND	D DIRECTORS	11.	-1-7-	ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE	700		TITL				☐ Chan	
NAME	LITTLE, MICHAEL		NAM	!				g
STREET ADDRESS	16067 EMERALD COVE RD.		STRE	ET ADDRESS				1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331		CITY	-ST-ZIP				
TITLE			TITLE				☐ Chan	ge 🔲 Addition
NAME	JIMENEZ, JACKELINE							
STREET ADDRESS CITY-ST-ZIP				ET ADORESS				
	FORT LAUDERDALE, FL 3333			- ST- ZIP				
TITLE NAME		☐ Delete	TITLE	1			Chan	ge 🔲 Addition
STREET ADDRESS			== NAM CTRE	ET ADDRESS		, <u></u>		
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE	: -			☐ Chan	pe Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				e1 address -ST-Zip				
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME		Land Childia	NAMI				C Chan	المستون الم
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			1	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chan	ge Addition
NAME			NAM					
STREET ADDRESS			- 1	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
12 I hereby	certify that the information cumplied wit	th this filias door not qualify fo	or tha ava	mation stated in Co	-ti 110 07/3/0	Clasida Ctatura	14	

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 attendment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/05 (954)600 7808