

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000030227**

1. Entity Name  
**SR SERVICES AND SALES, CORP.**



Principal Place of Business  
**RAMBLE WOOD EAST  
4128 NW 88TH AVENUE # 107  
CORAL SPRINGS, FL 33065**

Mailing Address  
**9800 NW 1ST MANOR  
POMPANO BEACH, FL 33071**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>83-0358038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**REY, GABRIEL  
4128 NW 88TH AVENUE # 107  
CORAL SPRINGS, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PDT</b>
NAME	<b>REY, GABRIEL</b>
STREET ADDRESS	<b>4128 NW 88TH AVENUE # 107</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>

TITLE	<b>VS</b>
NAME	<b>REY, LILIANA</b>
STREET ADDRESS	<b>4128 NW 88TH AVE # 107</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/07 (754) 368-0799**

Date

Daytime Phone #