

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000034394

1. Entity Name

OFF-Side Services, Inc.



**FILED**

04 NOV -4 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 04

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business

P.O. Box 1322

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip

33149

Country

4. FEEL Number

80-0057062

Applied Fee

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Fauve, Pablo

Street Address (P.O. Box Number is Not Acceptable)

7570 NW 14 Street Ste 112

City

Miami

Zip Code

FL 33126

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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

*Pablo Fauve*

(NOTE: Registered Agent signature required upon rechartering)

DATE

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	Fauve, Pablo	P.O. Box 1322	Key Biscayne, FL 33149

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Pablo Fauve*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20346 (12/02)

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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **OFF-SIDE SERVICES, INC.**

Thank you for your courtesy in this matter.



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**PABLO FAUVE**  
**PRESIDENT**