

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034324

Entity Name: OFF-SIDE SERVICES,INC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

P.O BOX 1322  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1322  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 80-0057062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAUVE, PABLO  
7570 NW 14 STREET  
STE 112  
MIAMI, FL 33126 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: P ( ) Delete  
Name: FAUVE, PABLO  
Address: P.O. BOX 1322  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PABLO FAUVE

P

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date