

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 024 ***158.75

DOCUMENT # P03000035758

1. Entity Name
COMPLETE SERVICE CONTRACTORS, INC.



Principal Place of Business
**121 GOLDEN ISLES DRIVE
#105
HALLANDALE, FL 33009**

Mailing Address
**121 GOLDEN ISLES DRIVE
#105
HALLANDALE, FL 33009**

2. Principal Place of Business

3. Mailing Address

PO Box 190812

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33199

US

02022004

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0688399

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINEARES-ZIVALICH, AURORA
121 GOLDEN ISLES DRIVE
#105
HALLANDALE, FL 33009**

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LINEARES-ZIVALICH, AURORA
121 GOLDEN ISLES DRIVE, #105
HALLANDALE, FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Salome' Milano
1301 Orexel Avenue #311
Miami Beach, FL 33119** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Lilia Tome'
1301 Orexel Avenue #311
Miami Beach, FL 33119** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

305-284-6901

Daytime Phone #