

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000035758

1. Entity Name
COMPLETE SERVICE CONTRACTORS, INC.



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

02-09-2004 90038 024 ***158.75

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
33199

Country
US

6. Name and Address of Current Registered Agent

LINARES-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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LINARES-ZIVALICH, AURORA
121 GOLDEN ISLES DRIVE, #105
HALLANDALE, FL 33009

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
Salome' Milano
1301 Drexel Avenue #311
Miami Beach, FL 33119

Change Addition

V
Lilia Tome'
1301 Drexel Avenue #311
Miami Beach, FL 33119

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

305-284-6901

Date

Daytime Phone #