


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90071 010 ***150.00

DOCUMENT # P03000036288	
1. Entity Name A3... SERVICES, INC	

Principal Place of Business 3219 FALCON POINT DR KISSIMMEE, FL 34741 US	Mailing Address 3219 FALCON POINT DR KISSIMMEE, FL 34741 US
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2. Principal Place of Business 1005 W. Oakridge Rd	3. Mailing Address
Suite, Apt. #, etc. SUITE # 4	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32809	Country USA.

6. Name and Address of Current Registered Agent CANELON, LINSY 3219 FALCON POINT DR KISSIMMEE, FL 34741	
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02232004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1161805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANELON, LINSY		NAME Canelon, Linsy	
STREET ADDRESS 168 WESTMOOR BEND		STREET ADDRESS 3219 Falcon Point DR	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMERO, ANDRES		NAME	
STREET ADDRESS 168 WESTMOOR BEND		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VIVAS, LISETT		NAME ANNA MATOS	
STREET ADDRESS 1436 TIMBERBEND CIR		STREET ADDRESS 168 Westmoor Bend	
CITY-ST-ZIP ORLANDO, FL 32824		CITY-ST-ZIP ORLANDO, FL 32835	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DI PIETRO, WILKER		NAME RICHARD CANELON	
STREET ADDRESS 1436 TIMBERBEND CIR		STREET ADDRESS 3219 Falcon Point DR	
CITY-ST-ZIP ORLANDO, FL 32824		CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **03/02/2004 (407) 888-8510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR