

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90187 003 \*\*\*150.00

**DOCUMENT # P03000054856**

1. Entity Name  
FLORIDA SERVICE GROUP, CORP.



Principal Place of Business  
5141 SW 14 ST  
PLANTATION, FL 33317

Mailing Address  
5141 SW 14 ST  
PLANTATION, FL 33317

40080974



2. Principal Place of Business - No P.O. Box #  
10283 NW 53 STREET  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State  
Sunrise FL  
Zip  
33351-8077 Country  
USA

City & State  
Zip  
Country

4. FEI Number  
26-0067501

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RODRIGUEZ, EDMUNDO  
5141 SW 14 ST  
PLANTATION, FL 33317

## 7. Name and Address of New Registered Agent

Name EDMUNDO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
10283 NW 53 STREET

City Sunrise FL Zip Code 33351-8077

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)

01/25/2007  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RODRIGUEZ, EDMUNDO  
STREET ADDRESS 5141 SW 14 ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME EDMUNDO RODRIGUEZ  
STREET ADDRESS 10283 N.W. 53 STREET  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

01/25/2007 (954) 599-4188  
Date Daytime Phone #