FILED
May 24, 2004 8:00 am
Secretary of State
04-26-2004 90988 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055849

1. Entity Name
SERVICE PLANT, CORP

Principal Place of Business	Mailing Address
120 NW 70TH STREET SUITE 201 BOCA RATON, FL 33487	120 NW 70TH STREET SUITE 201 BOCA RATON, FL 33487

66423574 [redacted]

03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
117 LOCK RD #2	117 LOCK RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #2
City & State: DEERFIELD BCH - FL	City & State: DEERFIELD BCH - FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 27-0058421 ☐ 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
JURADO, ADEMIR R 120 NW 70TH STREET SUITE 201 BOCA RATON, FL 33487	Name: Jurado Ademir R. Street Address (P.O. Box Number is Not Acceptable): 117 Lock Rd Apt 2 City: Deerfield Bch FL Zip Code: 33442

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: X [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 JURADO, ADEMIR R 120 NW 70TH STREET SUITE 201 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jurado Ademir R. 117 Lock Rd Apt 2. Deerfield Beach FL 33442 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #