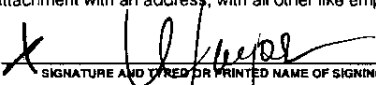


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 030 ***158.75

DOCUMENT # P03000061331					
1. Entity Name MAYOR SERVICES CORP.					
Principal Place of Business 12752 SW 266 TERR. MIAMI, FL 33032			Mailing Address 12752 SW 266 TERR. MIAMI, FL 33032		
2. Principal Place of Business 11400 S.W. 244 TERR.		3. Mailing Address 11400 S.W. 244 Terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMES FLA.		City & State HOMESTEAD		4. FEI Number 57-1169650	
Zip 33032		Country U.S.A.		Applied For ☐ Not Applicable	
Zip 33032		Country FLA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYOR, ARMANDO F 12752 SW 266 TERR MIAMI, FL 33032			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11400 SW 244 TERR. City HOMESTEAD. FL Zip 33032		
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	PD MAYOR, ARMANDO F 12752 SW 266 TERR MIAMI, FL 33032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11400 S.W. 244 TERR. HOMESTEAD FL 33032	
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	
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: 			04/27/04 (345) 258-0599		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					