


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 031 ***150.00

DOCUMENT # P03000062771 1. Entity Name INTERLINE SERVICES CORP.					
Principal Place of Business 2801 N.W. 74TH AVENUE SUITE 105 MIAMI, FL 33122			Mailing Address 2801 N.W. 74TH AVENUE SUITE 105 MIAMI, FL 33122		
2. Principal Place of Business 13501 SW 99 ST Suite, Apt. #, etc.			3. Mailing Address 13501 SW 99 ST Suite, Apt. #, etc.		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33186		Country MIAMI-DADE		4. FEI Number 32-008-4932	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JASINSKI, PAUL 2801 N.W. 74TH AVENUE SUITE 105 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name JASINSKI, PAUL Street Address (P.O. Box Number is Not Acceptable) 13501 SW 99 ST City MIAMI FL Zip Code 33186		
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 Paul Jasinski <i>Paul A. Jasinski</i> 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASINSKI, PAUL 2801 N.W. 74TH AVENUE, SUITE 105 MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jasinski, Paul 13501 SW 99 ST MIAMI, FL 33186-2805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD GOMEZ, AMPARO 8510 S.W. 133RD COURT MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD S Gomez, Amparo 13501 SW 99 ST MIAMI FL 33186-2805	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paul A. Jasinski Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/23/04 Daytime Phone # 305-984 8277		