

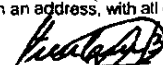


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-09-2004 90052 044 ***150.00

DOCUMENT # P03000069879 1. Entity Name CUSTOMER SUPPORT SERVICES, INC.					
Principal Place of Business 11812 S.W. 103RD LN MIAMI FL 33186			Mailing Address 11812 S.W. 103RD LN MIAMI FL 33186		
2. Principal Place of Business 5541 NW 112 AVE. Suite, Apt. #, etc. #208		3. Mailing Address 5541 NW 112 AVE Suite, Apt. #, etc. #208			
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA		4. FEI Number 20-0054888	
Zip 33178 Country U.S		Zip 33178 Country U.S		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, ALFONSO J 11812 S.W. 103RD LN MIAMI FL 33186			7. Name and Address of New Registered Agent Name CASTILLO, ALFONSO J. Street Address (P.O. Box Number is Not Acceptable) 5541 NW 112 AVE #208 City MIAMI State FL Zip Code 33178		
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 04/06/2004 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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 P <input type="checkbox"/> Delete NAME CASTILLO, ALFONSO J STREET ADDRESS 11812 S.W. 103RD LN CITY-ST-ZIP MIAMI FL 33186			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CASTILLO, ALFONSO J STREET ADDRESS 5541 NW 112 AVE #208 CITY-ST-ZIP MIAMI - FLORIDA - 33178		
TITLE S <input type="checkbox"/> Delete NAME ROA, CARMEN M STREET ADDRESS 11812 S.W. 103RD LN CITY-ST-ZIP MIAMI FL 33186			TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CASTILLO, CARMEN M. STREET ADDRESS 5541 NW 112 AVE #208 CITY-ST-ZIP MIAMI FL 33178		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  CASTILLO, ALFONSO J. DATE 04/06/2004 DAYTIME PHONE 305-588-3559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					