## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 04, 2004 8:00 am Secretary of State DOCUMENT # P03000076100 05-04-2004 90172 050 \*\*\*150.00 1. Entity Name ACTURON SERVICES, INC. Principal Place of Business Mailing Address 14020501 654 IVES DARY ROAD BLDG. 3 654 IVES DARY ROAD BLDG. 3 SUITE 324 SUITE 324 MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address 6105.E. 13 Street 610 S.E. Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) # 204 #20L 4. FEI Number City & State City & State Applied For Dania Dania 131675008 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>USA</u> 33004 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Terrance remell. PERNELL, TERRANCE Street Address (P.O. Box Number is Not Acceptable) 654 IVES DARY ROAD BLDG. 3 SUITE 324 MIAMI, FL 33179 S.E. 13 Street **#204** 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 4128104 SIGNATURE NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition Pernell, Terrance 610 SE 13 St., #204 PERNELL, TERRANCE NAME STREET ADDRESS 654 IVES DARY ROAD BLDG. 3, SUITE 324 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP each. Fl 33004 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS 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.

**FILED**