

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082178

FILED
Mar 02, 2005
Secretary of State

Entity Name: HEAVENLY MAIDS OF SOUTH FLORIDA INC.

Current Principal Place of Business:

4003 WEST WOODSCAPE DRIVE
MIRAMAR, FL 33023

New Principal Place of Business:

PO BOX 246405
PEMBROKE PINES, FL 33024

Current Mailing Address:

4003 WEST WOODSCAPE DRIVE
MIRAMAR, FL 33023

New Mailing Address:

PO BOX 246405
PEMBROKE PINES, FL 33024

FEI Number: 81-0625956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENZIE-PLANTE, TERRIANN V
4003 WEST WOODSCAPE DRIVE
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

MCKENZIE, TERRIANN V
PO BOX 246405
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: TERRIANN MCKENZIE

03/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKENZIE-PLANTE, TERRIANN V
Address: 4003 W. WOODSCAPE DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: PLANTE, TURNER
Address: 4003 WEST WOODSCAPE DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: PLANTE, DEJA
Address: 4003 WEST WOODSCAPE DRIVE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKENZIE, TERRIANN V
Address: PO BOX 246405
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SVP (X) Change () Addition
Name: PLANTE, DEJA
Address: PO BOX 246405
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change () Addition
Name: PLANTE, TYLER
Address: PO BOX 246405
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRIANN MCKENZIE

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date