## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

## 04-30-2004 90281 013 \*\*\*150.00 **DOCUMENT # P03000103443** MANAGEMENT SUPPORT SERVICES, INC. Principal Place of Business Mailing Address 94077088 2175 W 52ND STREET 2175 W 52ND STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 20832 Sw 3. Mailing Address SV Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 Chg-P CR2E034 (10/03) Applied For State (DM) 4. FEI Number 54-0524349 MIBUI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRIERE, RENE JR. 2175 W 52ND STREET 107 HIALEAH, FL 33016 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, the obligations of registered agent. SIGNATURE Signature, typed or printed no (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete SECRETARY TITLE TITLE Change ▲Addition RAYSA JEWE! PI 20832 SW 1859 BARREIRE, RENE JR. NAME NAME STREET ADDRESS 2175 W 52ND STREET # 107 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7IP Delete ☐ Change MILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP

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 wijt an address, with all mer like empowered.

SIGNATURE: \_/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/27/04

(305)331-713