

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	
1. Entity Name MANAGEMENT SUPPORT SERVICES, INC.	

Principal Place of Business 2175 W 52ND STREET 107 HIALEAH, FL 33016	Mailing Address 2175 W 52ND STREET 107 HIALEAH, FL 33016
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94077088



2. Principal Place of Business 20832 SW 118th PL	3. Mailing Address 20832 SW 118th PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

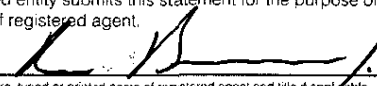
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33177	Country
Zip 33177	Country

4. FEI Number 54-0524349	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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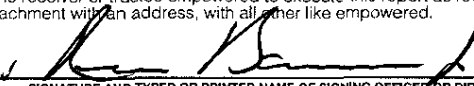
6. Name and Address of Current Registered Agent BARRIERE, RENE JR. 2175 W 52ND STREET 107 HIALEAH, FL 33016	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Not Acceptable) 1240 SW 139th AVENUE	
City MIAMI	FL Zip Code 33184

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARREIRE, RENE JR. 2175 W 52ND STREET # 107 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RAYSA JEWELL 20832 SW 118th PL MIAMI, FL 33177 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Date 4/27/04 Daytime Phone # (305) 331-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	