2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90014 047 ***150.00

DOCUMENT # P03000109987

1. Entity Name
ANNGON SERVICES, INC.

Principal Place of Business	Mailing Address
8313 W. 14 COURT HIALEAH, FL 33014 US	8313 W. 14 COURT HIALEAH, FL 33014 US

24084354

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6868 NW 179ST	6868 NW 179ST
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33015 / Country:	Zip: 33015 / Country:

4. FEI Number: 20-0277606 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABALLERO, ANNETTE 8313 W. 14 COURT HIALEAH, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Annette Caballero — 8/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABALLERO, ANNETTE 8313 W 14 COURT HIALEAH, FL 33014 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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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: Annette Caballero — 9/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #