


FILED
Aug 25, 2005 8:00 am
Secretary of State

07-21-2005 90028 014 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000138926		
1. Entity Name CORPORATE SERVICES OF SOUTH FLORIDA, INC.		
Principal Place of Business 1840 W 49TH ST., SUITE 220-1 HIALEAH, FL 33012		Mailing Address 1840 W 49TH ST., SUITE 220-1 HIALEAH, FL 33012
DO NOT WRITE IN THIS SPACE		
05092005 No Chg-P CR2E034 (10/03)		
4. FEI Number 30-0264396		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RICARDO, MARLENE 1840 W 49TH ST., SUITE 220-1 HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICARDO, MARLENE 1840 W 49TH ST., SUITE 220-1 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: <i>Marlene Ricardo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/19/05 (305) 829- <i>1041</i> <small>Date Daytime Phone</small>



ATTACHMENT

66020404

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 25, 2005

CORPORATE SERVICES OF SOUTH FLORIDA, INC.
1840 W 49TH ST., SUITE 220-1
HIALEAH, FL 33012

Subject: **CORPORATE SERVICES OF SOUTH FLORIDA, INC.**

Reference Number: **P03000138926**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report **must be signed by** an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION