

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000142285

**FILED**  
**Aug 31, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA INTEGRAL SERVICES, INC.

**Current Principal Place of Business:**

5920 SW 60 STREET  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

5920 SW 60 STREET  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 20-0455133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, MARIA S  
5920 SW 60 STREET  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, MARIA SANDRA  
Address: 5920 SW 60 STREET  
City-St-Zip: MIAMI, FL 33143 US

Title: VP (X) Delete  
Name: GARCIA, JORGE D  
Address: 5920 SW 60 STREET  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA SANDRA GARCIA

P

08/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date