

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-09-2005 90034 024 ***150.00

DOCUMENT # P04000016622			
1. Entity Name CARDIF SERVICES, INC.			
Principal Place of Business 14000 SW 119TH AVENUE SUITE 207 MIAMI, FL 33186 US		Mailing Address 14000 SW 119TH AVENUE SUITE 207 MIAMI, FL 33186 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042005		Chg-P CR2E034 (10/03)	
4. FEI Number 37-1484076		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	
MILLOR, MANUEL J 14000 SW 119TH AVENUE SUITE 207 MIAMI, FL 33186		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 _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / CEO MILLOR, MANUEL J 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER JOHN WIDEMAN 14000 SW 119TH AVE MIAMI FLA 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / President CASAL, MICHAEL L 14000 SW 119TH AVE, SUITE 207 MIAMI FLA 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER VINCE MANNING 14000 SW 119TH AVE MIAMI FLA 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER KEVIN SINTAN 14000 SW 119TH AVE MIAMI FLA 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER KEVIN FURLOW 14000 SW 119TH AVE MIAMI FLA 33186 ☐ 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
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 _____		1/CEO 3/4/05 305 588-8788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	