

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90123 011 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Post Office Box 77-0250 Suite, Apt. #, etc.	
City & State Miami Florida		4. FEI Number 37-1484076	
Zip 33177-0250		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04222008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GARCIA-LINARES, MANUEL A ESQUIRE 201 S. BISCAYNE BOULEVARD SUITE 1000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Michael J. Casale Street Address (P.O. Box Number is Not Acceptable) 14000 SW 119th Ave City Miami FL 33186	
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 Michael J. Casale <i>Michael J. Casale</i> 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DCEO MILLOR, MANUEL J 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Cynthia J. Starrett 14000 SW 119th Ave Suite 207 Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD L00 CASALE, MICHAEL J 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP UTD Michael D. Ginsberg 14000 SW 119th Ave Suite 207 Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WIEMAN, JOHN 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VC L0D Christopher Alfazas 14000 SW 119th Ave Suite 207 Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MANNING, VINCE G 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V FURLOW, KENNETH W 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP O FURLOW, KENNETH W 14000 SW 119TH AVENUE, SUITE 207 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Michael J. Casale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-22-08 305-234-1771 <small>Date Daytime Phone #</small>	