

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90062 031 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P04000022189 1. Entity Name S.A.I.N.T. SERVICES, INC. | | | | | |
| Principal Place of Business 1265 WINTERGREEN WAY WINTER GARDEN, FL 34787 | | | Mailing Address 1265 WINTERGREEN WAY WINTER GARDEN, FL 34787 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 20-0647632 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LUBERDA, DOROTHY J 1401 MICHIGAN AVE. ST. CLOUD, FL 34769 | | | | 7. Name and Address of New Registered Agent Name Juan C MEZA ZEPEDA Street Address (P.O. Box Number is Not Acceptable) 1265 Wintergreen way City Winter garden FL Zip Code 34787 | |
| 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</small> | | | | DATE 7/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MEZA ZEPEDA, JUAN CARLOS <input type="checkbox"/> Delete 1265 WINTERGREEN WAY WINTER GARDEN, FL 34787 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small> | | | Date 7-28-05 Daytime Phone # 407-383-4837 | | |

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07262005 Chg-P CR2E034 (10/03)