

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90703 001 \*\*\*150.00  
04-18-2005 90703 002 \*\*\*\*\*8.75  
04-18-2005 90703 003 \*\*\*\*\*5.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000025877</b><br>1. Entity Name<br><b>SOUTH FLORIDA GENERAL SERVICES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |
| Principal Place of Business<br><b>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                   | Mailing Address<br><b>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>                                                                                           |                                                                |                                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                    |                                                                |                                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                   | City & State                                                                                                                                                 |                                                                |                                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | Country                                                           |                                                                                                                                                              | Zip                                                            |                                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Country                                                           |                                                                                                                                                              | 4. FEI Number <b>N/A</b>                                       |                                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                   |                                                                                                                                                              | Applied For <input checked="" type="checkbox"/> Not Applicable |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>VILLA, JOSE D<br/>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |                                                                |                                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                 |                                                                |                                                                                   |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>P<br/>VILLA, JOSE D<br/>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>                | <input type="checkbox"/> Delete                                   |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <b>V<br/>SALDARRIAGA, BEATRIZ E.<br/>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b> |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>V<br/>VALLEJO, ALFREIRO<br/>10725 CLEARY BLVD. APT 203<br/>PLANTATION, FL 33324</b> | <input checked="" type="checkbox"/> Delete                        |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <b>T<br/>VILLA JUAN D.<br/>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>           |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>S<br/>VILLA, JOSE D<br/>1486 NW 81 TERR<br/>PLANTATION, FL 33322</b>                | <input type="checkbox"/> Delete                                   |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>T<br/>CATANO, RENE<br/>10757 CLEARY BLVD. APT 204<br/>PLANTATION, FL 33322</b>      | <input checked="" type="checkbox"/> Delete                        |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              | TITLE NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |
| <b>SIGNATURE: JOSE D. VILLA</b> <i>J. Diego Villa R.</i> <b>4/12/05</b> <b>954-6837779</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                   |                                                                                                                                                              |                                                                |                                                                                   |