

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000033573

1. Entity Name
CORPORATE PROCESS SERVICES, INC.



FILED

05 MAY -2 PM 5: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
648 PALERMO AVENUE
CORAL GABLES, FL 33145

Mailing Address
648 PALERMO AVENUE
CORAL GABLES, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0859207

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

DADE CORPORATE SERVICE, INC.
2300 CORAL WAY
111
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
P.S
WILLIAMS, VIVIAN M
STREET ADDRESS
648 PALERMO AVENUE
CITY-ST-ZIP
CORAL GABLES, FL 33145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300054004753
05/06/05--01050--001 **158.75

☐ Change

☐ Addition

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☐ 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:

Vivian Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN WILLIAMS

Date

4/17/05 (2005) 448-8131

Daytime Phone #