2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2005 90324 024 ***150.00
09-06-2005 90134 024 *****8.75
P04000044371

FILED

05 SEP 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000044371

1. Entity Name

SUBAUSTE SERVICES CORP

Principal Place of Business	Mailing Address
2120 RIVER REACH DR APT 7 NAPLES FL 34104	2120 RIVER REACH DR APT 7 NAPLES FL 34104

2. Principal Place of Business	3. Mailing Address
2120 River Reach Dr.	2120 River Reach Dr.
Suite, Apt. #, etc. Apt. #7	Suite, Apt. #, etc. Apt. #7
City & State Naples, FL.	City & State Naples, FL.
Zip 34104 Country USA	Zip 34104 Country USA

2nd MOORE CR2E034 (5/05)

4. FEI Number 20-0856554 ☐ 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
SUBAUSTE, CARLOS A 176 CRICKET LAKE DR NAPLES FL 34112	Name: SUBAUSTE, CARLOS A. Street Address (P.O. Box Number is Not Acceptable): 2120 River Reach Dr. #7 City: Naples FL Zip Code: 34104

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: Subauste, Carlos A. 08-31-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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	P SUBAUSTE, CARLOS A 2120 RIVER REACH DR, APT 7 NAPLES FL 34104	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition This replaces the Annual
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Report filed 6/14/05. That
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition report did not designate a registered agent SAS 9/14/05
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: Subauste, Carlos A. 08-31-2005 (239)8773421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #