


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90431 024 \*\*\*150.00

<b>DOCUMENT # P04000090626</b> 1. Entity Name ATTILA SERVICES, CORP.	
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Principal Place of Business 12250 SW 129 CT SUITE 108 MIAMI, FL 33186	Mailing Address 12250 SW 129 CT SUITE 108 MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1252046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARROS, GRACIELA C  
15076 SW 20 LANE  
MIAMI, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARROS, GRACIELA C 12250 SW 129 CT., #108 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ARGUELLO, PABLO J 13840 SW 112 ST. #109 MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  02-07-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Graciela Barros)