


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 006 ***150.00

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| DOCUMENT # P04000102643 |  |
| 1. Entity Name ASTRO MEDICAL SERVICES, INC. | |

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| Principal Place of Business 10550 NW 77TH COURT SUITE 311 HIALEAH GARDENS, FL 33016 | Mailing Address 10550 NW 77TH COURT SUITE 311 HIALEAH GARDENS, FL 33016 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. <i>Same as above</i> | 3. Mailing Address Suite, Apt. #, etc. <i>Same as above</i> |
| City & State | City & State |
| Zip | Country |

20048095



01102005 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number <i>20-1373720</i> | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016 | |
|---|--|

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|--|--|
| 7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP | PD OLIVA, JACQUELINE 5055 NW 7TH STREET, APT. 403 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2005 *305-337-3613*
305-557-2499
Date Daytime Phone #