

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90042 035 \*\*\*150.00

**DOCUMENT # P04000105272**

1. Entity Name  
TUSCANY SERVICES, CORP.



Principal Place of Business

944 NW 53RD ST  
MIAMI, FL 33127

Mailing Address

PO BOX 510225  
MIAMI, FL 33151-0225

40102990



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
20-1583557

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, JOSE F  
1952 NW 51ST TERRACE  
MIAMI, FL 33142

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 constituting)

3/14/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE PS ☐ Delete  
NAME RODRIGUEZ, JOSE F  
STREET ADDRESS 944 NW 53RD ST  
CITY - ST - ZIP MIAMI, FL 33127

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VPT ☐ Delete  
NAME ARIAS, SARA  
STREET ADDRESS 944 NW 53RD ST  
CITY - ST - ZIP MIAMI, FL 33127

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

305-389-9565