## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000130036

Entity Name: FORECLOSURE SERVICES GROUP, INC.

**FILED** Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8700 NW 16 STREET 6625 MIAMI LAKES DRIVE PEMBROKE PINES, FL 33024

SUITE 234

MIAMI LAKES, FL 33014

**Current Mailing Address:** New Mailing Address:

8700 NW 16 STREET 6625 MIAMI LAKES DRIVE PEMBROKE PINES, FL 33024 SUITE 234

MIAMI LAKES, FL 33014

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AGUILAR, REINA S AGUILAR, REINA S 8700 NW 16 STREET 6625 MIAMI LAKES DRIVE PEMBROKE PINES, FL 33024 US SUITE 234 MIAMI LAKES, FL 33014 US

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.

SIGNATURE: 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

LOPEZ, WILFREDO A LOPEZ, WILFREDO A Name: Name:

8700 NW 16 STREET 6625 MIAMI LAKES DRIVE, SUITE 234 Address: Address:

City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: MIAMI LAKES, FL 33014

Title: Title: (X) Change ( ) Addition () Delete

Name: AGUILAR, WILFREDO A Name: AGUILAR, WILFREDO A

8700 NW 16 STREET Address: 6625 MIAMI LAKES DRIVE, SUITE 234 Address:

PEMBROKE PINES, FL 33024 MIAMI LAKES, FL 33014 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: WILFREDO A LOPEZ 04/29/2005