## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000138985

City-St-Zip: HIALEAH GARDENS, FL 33018

Entity Name: CARRIER SERVICES PROVIDE, INC

FILED May 13, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
5141 SW 7 COOPER	101 AVE CITY, FL 333:	28			
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
9024 NW HIALEAH	115 ST GARDENS, L	33018	9024 NW 115 ST HIALEAH GARDENS, FI	_ 33018	
FEI Number	: 20-1960558	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
The above	101 AVE CITY, FL 333:		purpose of changing its registered o	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
		03(2)(b), F.S., the corporation did I g Trust Fund Contribution (  ).	not receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( TORRES, JOS 5141 SW 101 ( COOPER CITY	AVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	SECR (X MORA, SCARL		Title: ( Name: Address:	) Change ()Addition	

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.

SIGNATURE: JOSE R TORRES P 05/13/2005