

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 033 ***150.00

DOCUMENT # P04000138985 1. Entity Name <i>Provider</i> CARRIER SERVICES PROVIDE, INC																													
Principal Place of Business 5171 W OAKLAND PARK BLVD P112 LAUDERDALE LAKES, FL 33313 US			Mailing Address 5171 W OAKLAND PARK BLVD P112 LAUDERDALE LAKES, FL 33313 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1960558 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05052008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent TORRES, JOSE R 5171 W OAKLAND PARK BLVD P112 LAUDERDALE LAKES, FL 33313			7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TORRES, JOSE R</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5171 W OAKLAND PARK BLVD</td> <td></td> </tr> <tr> <td></td> <td>LAUDERDALE LAKES, FL 33313</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	TORRES, JOSE R		CITY-ST-ZIP	5171 W OAKLAND PARK BLVD			LAUDERDALE LAKES, FL 33313		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	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: <i>Jose R Torres</i> Jose R. Torres <i>5-1-08</i> 954-496-3275 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													