## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

|  |   | KEFUKI                               |                              |                         |                            | OOO OO.OO TIME  |
|--|---|--------------------------------------|------------------------------|-------------------------|----------------------------|---|
| 1. Entity Nam  | MENT # P040001392<br>ND SERVICES, INC.  | 36                                   |                              |                         | Secret                     | ary of State  |
| Principal Plac   | e of Business   | Mailing Address                      |                              | }                       |                            |   |
| 9331 MARTI   | NIOUE DR  | 9331 MARTINIQUE DR                   |                              | }                       |                            |   |
| MIAMI, FL 3  |   | MIAMI, FL 33189                      |                              | }                       |                            |   |
|  |   |                                      |                              | }                       |                            |   |
|  |   |                                      |                              |                         | 20% Bill 22% Bill 28       | 3 <b>8</b> 1 33 <b>83</b> 8 1113 <b>8</b> 38118 33888 11138 8331883 33 3883 |
|  |   |                                      |                              |                         | 30))) 315)) 32    33    33 |   |
| DO NOT WRITE IN THIS SPACE   |   |                                      | CF                           | 01102006                | No Chg-P                   | CR2E034 (11/05)   |
|  | O HO! WHILE   | nt ino ora                           |                              | 4. FEI Numbe            |                            | Applied For   |
|  |   |                                      |                              | 20-172                  | 0722                       | Not Applicable  |
|  |   |                                      |                              | 5. Certificate          | of Status Desired          | □ \$8.75 Additional Fee Required  |
|  | 6. Name and Address of Current Re   | distored Agent                       | 1                            | <u> </u>                |                            | Fee Required  |
|  | 6. Name and Address Of Current Re   | gistered Agent                       | -{                           |                         |                            |   |
| PEREZ, JO  | OSE H   |                                      | {                            | <b>D</b>                | NOT 1                      | 13-13-1-  |
|  | TINIQUE DR  |                                      | DO NOT WRITE                 |                         |                            |   |
| MIAMI, FL  |   |                                      | 111 71110 00105              |                         |                            |   |
|  |   |                                      | {                            | IN I                    | THIS SF                    | ACE   |
|  |   |                                      | }                            |                         |                            |   |
|  |   |                                      | <u> </u>                     |                         |                            |   |
|  | named entity submits this statement for the   | e purpose of changing its register   | ed office or register        | ed agent, or bot        | h, in the State of Fl      | orida. I am familiar with, and accept                                       |
| the obligati   | ions of registered agent.   |                                      |                              |                         |                            |   |
| SIGNATURE_   |   |                                      |                              |                         |                            |   |
| SIGNATURES   | Signature, typed or printed name of registered agent and  | title if applicable. (NOTE Registere | ed Agent signature required  | when reinstating)       |                            | DATE  |
|  |   | 1                                    | ·= · · ·                     | 1                       |                            | <u>.</u>  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |   |                                      |                              |                         |                            |   |
| After Ma   | ay 1, 2006 Fee will be \$550.00   | Trust Fund Contribution.             | ncing \$5.<br>\(\sigma\) Add | 00 May Be<br>ed to Fees | 11000<br>01/19/0           | 00387153<br>16-80027-013 150.00   |
| After Ma   | ay 1, 2006 Fee will be \$550.00<br>OFFICERS AND DI  | Trust Fund Contribution.             | ncing \$5.<br>□ Add          | 00 May Be<br>ed to Fees | Ngaa<br>01/19/0            | 00387153<br>16-80027-013 150,00   |
| After Ma   | ay 1, 2006 Fee will be \$550.00<br>OFFICERS AND DI  | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | Noon<br>01/19/0            | 00387153<br>16-80027-013 150,00   |
| After Ma   | AY 1, 2006 Fee will be \$550.00  OFFICERS AND DI  P PEREZ, JOSE H   | Trust Fund Contribution.             | ncing \$5.                   | 00 May Be ed to Fees    | Hono<br>01/19/0            | 00387153<br>16-80027-013 150.00   |
| After Ma   | OFFICERS AND DI<br>P<br>PEREZ, JOSE H<br>9331 MARTINIQUE DR   | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | N∩A∩<br>01/19/0            | 00387153<br>6-80027-013 150.00  |
| After Ma   | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189  | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | Nono<br>01/19/0            | 00387153<br>6-80027-013 150,00  |
| After Ma   | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189  | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | Nono<br>01/19/0            | 00387153<br>6-80027-013 150,00  |
| After Na  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189 VST CRUCET, MIRLA A  | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | No∩o<br>01/19/0            | 00387153<br>16-80027-013 150,00   |
| After Ma<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189 VST CRUCET, MIRLA A 9331 MARTINIQUE DR                                 | Trust Fund Contribution.             | ncing \$5,                   | 00 May Be ed to Fees    | Nono<br>01/19/0            | 00387153<br>16-80027-013 150,00   |
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| After Ma<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189 VST CRUCET, MIRLA A 9331 MARTINIQUE DR                                 | Trust Fund Contribution.             | S5. Add                      | 00 May Be ed to Fees    | 11000<br>01/19/0           | nn387153<br>16-80027-013 150,00   |
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| After Ma  10.  TITLE NAME STREET ADDRESS CSTY - ST - ZIP  TITLE NAME STREET ADDRESS CSTY - ST - ZIP  TITLE NAME STREET ADDRESS CSTY - ST - ZIP  TITLE NAME STREET ADDRESS CSTY - ST - ZIP  | P PEREZ, JOSE H 9331 MARTINIQUE DR MIAMI, FL 33189 VST CRUCET, MIRLA A 9331 MARTINIQUE DR                                 | Trust Fund Contribution.             | S5. Add                      | DO                      | 01/19/0                    | /RITE   |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_