2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # P04000157587 1. Entity Name AWS SERVICES, CORP.						03-31-200:	5 90046 C	32 ***1.	50.00
Principal Place of Business 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 Address 2228 SW 14TH STREET FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312				2					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State	City & State		45El Number	1909	205		pplied For at Applicable
Zip	Country	Žip			5. Certificate	of Status Desired		8.75 Add ee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	: `````		Name						
NOFIL, JOSEPH K.P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL. 33319				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
				1			FL	'	•
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					5.00 May Be Ided to Fees		. are to order a	2504	
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS		OFFICALIDA	· · · · · · · · · · · · · · · · · · ·	•
TITLE					ADDITIONS	CHANGES TO OFF			
NAME	SANCHEZ, LUIS W	☐ Delete	TITL NAM	Į •				∐ ∟nange	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-\$T-ZIP					
TITLE "	VTSD Delete TITI			E				☐ Change	Addition
NAME	SANCHEZ, ALICIA			IE					
STREET ADDRESS	2228 SW 14TH STREET	STR	EET ADDRESS						
CITY-ST-ZIP	ST-ZIP FORT LAUDERDALE, FL 33312 CITY								
TITLE		☐ Delcte	TITL	1				☐ Change	☐ Addition
NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
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TITLE NAME		☐ Delete	TITL NAM					☐ Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-\$1- <i>Z</i> IP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAN	IE .				•	
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		Oclete	TITL	E		•		☐ Change	☐ Addition
NAME			NAA	- 1					
STREET ADDRESS CITY+S1-ZIP				EET ADDRESS '-ST-ZIP					
		(i) (i) (i) (ii) (ii) (ii) (ii)				(A. F. 11 - 1 - 2		· 1 1	**
12. I hereby of indicated	certify that the information supplied w on this report or supplemental report	ith this tiling does not qualify fo t is true and accurate and that	or the exe my signa	emption stated in S ture shall have the	section 119.07(3) e same legal effec	(i), Florida Statutës. et as if made under (I turther certi bath: that I ar	y that the in gʻan officer	or director-
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cath; that I am an officer or director—of the corporation or the receiver or trusted 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 addicase, with all order like empowered.									