2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P04000162331

Entity Name: A&L CERVANTES SERVICES INC.

Current Principal Place of Business:

928 ALBERTVILLE COURT
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

928 ALBERTVILLE COURT
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 20-1963219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, MARIA
3098 STILLWATER DR.
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAYSONET, CLARIBEL
Address: 928 ALBERTVILLE CT
City-St-Zip: KISSIMMEE, FL 34759

Title: V ( ) Delete
Name: CERVANTES, JOSE
Address: 928 ALBERTVILLE CT
City-St-Zip: KISSIMMEE, FL 34759

Title: S ( ) Delete
Name: PEREZ, JUAN
Address: 928 ALBERTVILLE CT
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete
Name: CERVANTES, DANIEL
Address: 928 ALBERTVILLE CT
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CLARIBEL MAYSONET P 04/20/2005

Electronic Signature of Signing Officer or Director — Date