

2006

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

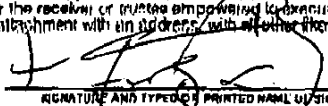
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May 05, 2006 8:00 am
Secretary of State

05-05-2006 90192 018 ***150.00

DOCUMENT # P04000170245			
Entity Name CONFECTION SERVICES INC			
Principal Place of Business 1512 W 73 ST HIALEAH FL 33014		Mailing Address 1582 W 73 ST HIALEAH FL 33014	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2037624		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRERA, JORGE 1582 W 73 ST HIALEAH, FL FL 33014		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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			
(NOTE: Signature of Agent required when relocating)			
1. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(b), 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 ther empowered.			
2. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
1. NAME PVT BARRERA, JORGE 1582 W 73 ST HIALEAH FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
2. NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
3. NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
4. NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
5. NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

50019283

2nd MOORE CR2E034 (5/05)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAX NO.: 3052311666

FROM :