

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000006900

1. Entity Name
MADE SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC -4 AM 10: 54

Principal Place of Business
21339 NW 39 STREET
CAROL CITY, FL 33055 US

Mailing Address
21339 NW 39 STREET
CAROL CITY, FL 33055 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2435108

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMUDEZ, WILSON O
21339 NW 39 STREET
CAROL CITY, FL 33055

Name Amilcar Antonio Rodriguez
Street Address (P.O. Box Number is Not Acceptable) Zamora
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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

11/30/07

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BERMUDEZ, WILSON O
STREET ADDRESS 21339 NW 39 STREET
CITY-ST-ZIP CAROL CITY, FL 33055 ☐ Delete

TITLE
NAME Amilcar Antonio Rodriguez ☒ Change ☐ Addition
STREET ADDRESS Zamora
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/07

Date

Daytime Phone #