


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000055259 1. Entity Name SERVYSOL, INC.					
Principal Place of Business 1144 SW 159TH LANE PEMBROKE PINES, FL 33072			Mailing Address 1144 SW 159TH LANE PEMBROKE PINES, FL 33072		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, OCTAVIO 1144 SW 159TH LANE PEMBROKE PINES, FL 33072			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	000000948149 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/02/08-80043-014 150.00	
NAME	SANCHEZ, OCTAVIO		NAME		
STREET ADDRESS	1144 SW 159TH LANE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33072		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, SANTA		NAME		
STREET ADDRESS	1144 SW 159TH LANE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33072		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



01212008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2710752

Applied For
Not Applicable

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

SIGNATURE: SANTA SANCHEZ 04/30/08 954-499-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #