2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P05000055259 1. Entity Name SERVYSOL, INC. | | | | | | Secretary of Star | | | |
|--|---|----------------------------------|----------------|--|-----------------------------|--|-------------------------------|--|--|
| Principal Place of Business Mailing Address 1144 SW 159TH LANE PEMBROKE PINES, FL 33072 PEMBROKE PINES, FL 3 | | | | | | 11 2016 1 610 18 14 18 14 18 | OKI COLOR OKUN TIKU KRON OKIO | 1211081 IL 1086 | |
| 2. Principal F | Place of Business - No PO Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 01212008 | Chg-P | CR2E034 (12/06 |) | |
| City & State | | City & State | | | 4. FEI Numb 20-271 | | | Applied For Not Applicable | |
| Zip | Country Zip Cou | | try | 5. Certificate | of Status Desired | See Requir | | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New F | Registered Agent | | |
| | | | | Name | | | | | |
| SANCHEZ, OCTAVIO 1144 SW 159TH LANE PEMBROKE PINES, FL 33072 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | FL Zip Code | | | | |
| | named entity submits this statement for tions of registered agent. | or the purpose of changing it | s register | ed office or registe | ered agent, or bo | th, in the State of Fi | orida I am familiar with | n, and accept | |
| SIGNATURE. | Signature, typud or printed name of registered agent | and utio if applicable. (NO | IFE: Registere | a Agent signature require | ed when reinstating) | | DATE | ······································ | |
| Fil. After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. | 9. Election Campa Trust Fund Cor | • | neing \$\$ | 5.00 May Be Ided to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | | FICERS AND DIRECTOR | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SANCHEZ, OCTAVIO 1144 SW 159TH LANE SI | | | | | U0000948149 □ Change □ Addition 06/02/88-80043-014 150.00 | | | |
| | D | □ Delete | | | | · · · · · · · · · · · · · · · · · · · | Changa | C Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | SANCHEZ, SANTA 1144 SW 159TH LANE | | | | ☐ Change ☐ Addition | | | | |
| TITLE NAME | PEMISKORE PINES, PE 33072 | ☐ Delete | TITLE | ÷ | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | | ☐ Defete | TITE | | | | ☐ Change | ☐ Addition | |
| NAME | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME CIDEET ADDDECC | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST - ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | | | |
| | İ | | UIIL | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filing does not quality 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 all other like empowered.

SIGNATURE:

SANTA SANCHEZ

04/30/08 954

454-477-073