
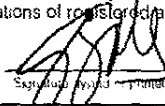
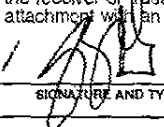


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000140703</b> 1. Entity Name <b>M &amp; S SERVICES OF MIAMI INC.</b>					
Principal Place of Business <b>10830 SW 75TH ST. MIAMI FL 33173</b>			Mailing Address <b>10830 SW 75TH ST. MIAMI FL 33173</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2192971</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GERSTENKORN, SANDRA 10830 SW 75TH ST. MIAMI FL 33173</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:  DATE: <b>1/22/07</b> <small>Signature of Registered Agent required when reinstating</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD GERSTENKORN, SANDRA 10830 SW 75TH ST. MIAMI FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD GERSTENKORN, MONIKA 10830 SW 75TH ST. MIAMI FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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.			U000000603263 01/29/07-80006-016 150.00		
SIGNATURE: 			Date: <b>1/22/07</b> Daytime Phone #: <b>305-274-0713</b>		