

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90463 011 ***150.00

DOCUMENT # P05000159409 1. Entity Name SERVIDOREX, CORP.																																																																																																																																									
Principal Place of Business 1555 SW. 109 AVE. BUILD. 4 #106 PEMBROKE PINES, FL 33025 US			Mailing Address 1555 SW. 109 AVE. BUILD. 4 #106 PEMBROKE PINES, FL 33025 US																																																																																																																																						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
4. Fee Number 203894429				Applied For ☐ Not Applicable																																																																																																																																					
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																																																																																																																																						
CABRALES, MAYRON 1555 SW. 109 AVE. BUILD. 4 #106 PEMBROKE PINES, FL 33025			Name: <u>Catalina Jaramillo</u> Street Address (P.O. Box Number is Not Acceptable): <u>1555 SW 109 AV</u> <u>B4 Suite 106</u> City: <u>Pembroke Pines</u> FL Zip Code: <u>33025</u>																																																																																																																																						
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: <u>Catalina Jaramillo D.</u> DATE: <u>04/29/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nominating)																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MARQUEZ, JOSE I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1555 SW. 109 AVE. BUILD. 4 #106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33025</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>VP JARAMILLO, CATALINA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1555 SW. 109 AVE. 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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, when all other like empowered. SIGNATURE: <u>[Signature]</u> DATE: <u>04/29/06</u> Signature and typed or printed name of signing officer or director																																																																																																																																									