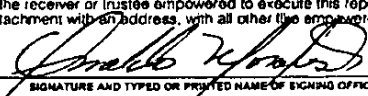


FILED
Jun 19, 2007 8:00 am
Secretary of State

05-03-2007 90072 010 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000002290			
1. Entity Name CONTRACT SERVICES GROUP CORP.			
Principal Place of Business 437 SW 17 AVE MIAMI, FL 33135		Mailing Address 437 SW 17 AVE MIAMI, FL 33135	
2. Principal Place of Business - No P.O. Box # 435 SW 17 AVE		3. Mailing Address 435 SW 17 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33135	Country Miami Dade	Zip 33135	Country Miami Dade
4. FEI Number 20-4460818		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, OSVALDO 437 SW 17 AVE MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: MORALES OSVALDO Street Address (P.O. Box Number is Not Acceptable) 435 SW 17 AVE City: Miami FL Zip Code: 33135	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retreating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, OSVALDO 437 SW 17 AVE MIAMI, FL 33135 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES OSVALDO 435 SW 17 AVE MIAMI, FL 33135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO LORA, HENRY 437 SW 17 AVE MIAMI, FL 33135 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 all other filers empowered.			
SIGNATURE: 		Date: 4/29/2007 Daytime Phone #: 643-2303	