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.

66019425

04292007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~437 SW 17 AVE~~ ~~MIAMI, FL 33135~~	~~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 signature required when reinstating) 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	~~VPD~~ ~~LORA, HENRY~~ ~~437 SW 17 AVE~~ ~~MIAMI, FL 33135~~	☒ 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 like empowered.

SIGNATURE: [signature] 4/29/2007 (305) 643-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #