

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 013 \*\*\*150.00

<b>DOCUMENT # P06000069448</b> 1. Entity Name <b>SPECIAL EVENTS PARTY SERVICES CORP.</b>					
Principal Place of Business <b>980 NW 127 AVE MIAMI FL 33182</b>				Mailing Address <b>980 NW 127 AVE MIAMI FL 33182</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-4905619</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/06)	
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px;"> <b>MORENO, CESAR 1875 NW 7 ST #5 MIAMI FL 33125</b> </div>					
7. Name and Address of New Registered Agent  <div style="border: 1px solid black; padding: 5px;">         Name           Street Address (P.O. Box Number is Not Acceptable)           City      <b>FL</b>      Zip Code       </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 _____ (NOTE: Registered Agent signature required when reappointing)      DATE _____					
<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 <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <b>MORENO, CESAR</b> <b>1875 NW 7 ST #5</b> <b>MIAMI FL 33125</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <b>LEDESMA, CARLOS</b> <b>980 NW 127 AVE</b> <b>MIAMI FL 33182</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: <b>Cesar Moreno</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02-09-07.</b> <b>(786) 426-3587</b> <small>Date      Daytime Phone #</small>		