

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 005 ***150.00

DOCUMENT # P06000069615					
1. Entity Name HIGH-TEK SERVICES CORP					
Principal Place of Business 19350 E COUNTRY CLUB DR. AVENTURA, FL 33180			Mailing Address 19350 E COUNTRY CLUB DR. AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 19786 E Country Club Drive		3. Mailing Address 19786 E country club dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222008 Chg-P CR2E034 (12/06)	
City & State Aventura FL		City & State Aventura FL 33180		4. FEI Number 20-4938143	
Zip 33180		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANOZA, FELIX A SR. 19350 E COUNTRY CLUB DR. AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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		FELIX GANOZA		03/25/2008 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME GANOZA, FELIX A SR STREET ADDRESS 19350 E COUNTRY CLUB DR. CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete		TITLE NAME GANOZA FELIX A STREET ADDRESS 19786 E Country Club Dr CITY-ST-ZIP Aventura FL 33180	☒ 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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FELIX GANOZA		03/25/2008 305-454-3047 Date Daytime Phone #	