

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000054346

1. Entity Name
S.R.B. SERVICES, INC.



Principal Place of Business
P O BOX 501427
MARATHON, FL 33050

Mailing Address
7949 GULFSTREAM BLVD
MARATHON, FL 33050

**FILED
Apr 21, 2005 08:00 AM
Secretary of State**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0506377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BETANCOURT, GRIMILDA
7949 GULFSTREAM BLVD
MARATHON, FL 33050

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV
NAME BONACHEA, GRISELDA
STREET ADDRESS 6841 SW 23RD ST
CITY - ST - ZIP MIRAMAR, FL 33023

TITLE DP
NAME BETANCOURT, GRIMILDA
STREET ADDRESS 7949 GULFSTREAM BLVD
CITY - ST - ZIP MARATHON, FL 33050

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000320874
04/21/05-80056-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Grimilda Betancourt (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

(305)743-0494

Date

Daytime Phone #