


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 030 ***158.75

DOCUMENT # P94000070536 1. Entity Name ITEM SERVICES, INC.					
Principal Place of Business 313 NORTH COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487			Mailing Address 313 NORTH COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487		
2. Principal Place of Business 3200 N. Federal Hwy.		3. Mailing Address No change			
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. in mailing			
City & State Boca Raton, FL		City & State address			
Zip 33431		Country USA		4. FEI Number 65-0522239	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AROCKIASAMY, M. 313 N COUNTRY CLUB BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P AROCKIASAMY, MOHAN 313 N COUNTRY CLUB BLVD BOCA RATON, FL 33487 <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	V AROCKIASAMY, MADASAMY 313 N COUNTRY CLUB BLVD BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>M. Arockiasamy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			M. AROCKIASAMY 1/5/2005 (561) 994 2879 <small>Date Daytime Phone #</small>		