**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017642

1. Corporation Name

INFINITY SERVICES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9695 N.W. 79 AVE #48<br>HIALEAH GARDENS FL 33016 | SAME |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 3/3/95 | 3a. Date of Last Report: |
| 4. FEI Number: 65-0564985 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9695 NW 79 AVE | 26 SAME |
| 22 Apt #48 | 27 SAME |
| 23 HIALEAH GARDENS FL | 28 SAME |
| 24 Zip: 33016 25 Country: US. | 29 Zip: SAME 30 Country: SAME |

**9. Name and Address of Current Registered Agent**

MOISES KABA III
1800 SW 8 ST
MIAMI FL 33135

**10. Name and Address of New Registered Agent**

81 Name: ALEJANDRO RUIZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 9695 NW 79 AVE Apt #48
84 City: HIALEAH GARDENS FL 85 Zip Code: 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] President of the Corporation 05-31-96
(Required) (Title if Applicable) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PRESIDENT | ☒ DELETE | 1.1 TITLE | PRESIDENT | ☐ Change ☒ Addition |
| NAME | MOISES KABA | | 1.2 NAME | ALEJANDRO RUIZ | |
| STREET ADDRESS | 8851 NW 119 ST #5106 | | 1.3 STREET ADDRESS | 9695 NW 79 AVE Apt #48 | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33016 | | 1.4 CITY-ST-ZIP | HIALEAH GARDENS FL 33016 | |
| TITLE | SECRETARY | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOISES KABA | | 2.2 NAME | | |
| STREET ADDRESS | 8851 NW 119 ST #5106 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33016 | | 2.4 CITY-ST-ZIP | | |
| TITLE | TREASURY | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOISES KABA | | 3.2 NAME | | |
| STREET ADDRESS | 8851 NW 119 ST #5106 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33016 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | 800001874748 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | -06/25/96--01079--009 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | ***225.00 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** [signature] 05-31-96 (305)227-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number