


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000024744	
1. Entity Name SERVIMEX, INC.	

Principal Place of Business 15485 EAGLE NEST LANE SUITE 120 MIAMI LAKES, FL 33014 US	Mailing Address 15485 EAGLE NEST LANE SUITE 120 MIAMI LAKES, FL 33014 US
---	---

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0574391	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
SILVA, JUAN CARLOS 15485 EAGLE NEST LANE 120 MIAMI, FL 33014	

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	000000189553 01/24/05-80098-015 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SILVA, JUAN CARLOS 16021 NW 79TH CT MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GALINDO, MARIA V 1901 BRICKELL AVE #708B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVA, SANDRA 16021 NW 79TH CT MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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>Sandra Silva</u>	SANDRA SILVA	1/07/05	305 822 3826
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>