2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024744

16021 NW 79TH CT

MIAMI LAKES, FL 33016

Address: City-St-Zip:

Entity Name: SERVIMEX, INC

FILED Apr 25, 2007 Secretary of State

Littly Na	IIIE. SERVIIVIE	Λ, ΙΝΟ.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
15485 EAGLE NEST LANE					
SUITE 120 MIAMI LAK) KES, FL 33014	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	5485 EAGLE NEST LANE			15476 N.W. 77TH CT. #326	
SUITE 120 MIAMI LAK) KES, FL 33014	US	MIAMI LAKES, FL 330	L 33016 US	
FEI Number	: 65-0574391	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SILVA, JUAN CARLOS 15485 EAGLE NEST LANE 120 MIAMI, FL 33014 US			15476 N.W 77TH CT.	SILVA, JUAN CARLOS 15476 N.W 77TH CT. MIAMI LAKES, FL 33016 US	
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/25/2007	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPT () SILVA, JUAN CA 16021 NW 79TH MIAMI LAKES, F	1 CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () GALINDO, MAR 1901 BRICKELI MIAMI, FL 3312	_ AVE #708B	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VPS () SILVA, SANDRA	Delete A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARIA V. GALINDO P 04/25/2007