2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000034565

1. Entity Name
CSB SERVICES, INC.

Principal Place of Business	Mailing Address
14032 SW 38 TERRACE MIAMI, FL 33175	14032 SW 38 TERRACE MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0589156

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRO, JOSE L
14032 SW 38 TERRACE
MIAMI, FL 33175

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MIRO, JOSE L
STREET ADDRESS	14032 SW 38 TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD
NAME	PEREZ, JAN PIERRE
STREET ADDRESS	14032 SW 38 TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD
NAME	SAEZ, JOSE A
STREET ADDRESS	14032 SW 10TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000069595
03/01/04-80015-023 50.00

DO NOT WRITE IN THIS SPACE

U00000069595
03/01/04-80015-023 150.00

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: Jose' R. Miro x 2/23/04 x 786-553 8299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #