


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90041 024 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P95000060694 1. Entity Name F.C.S. SERVICE, INC. | | | |  | |
| Principal Place of Business 8405 NW 53RD ST STEG-103 MAM, FL 33166 | | | Mailing Address 8405 NW 53RD ST STEG-103 MAM, FL 33166 | | |
| 2. Principal Place of Business - No P.O. Box # 8600 NW 53 Terrace | | 3. Mailing Address 8600 NW 53 Terrace | | | |
| Suite, Apt. #, etc. 121 | | Suite, Apt. #, etc. 121 | | | |
| City & State Miami, FL | | City & State Miami, FL | | | |
| Zip 33166 | Country USA | Zip 33166 | Country USA | | |
| 4. FEI Number 65-0603763 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent YEAMPIERRE, JOSEPH 9521 E BAY HARBOR DR, # 18 BAY HARBOR ISLAND, FL 33154 | | | 7. Name and Address of New Registered Agent Name JOSEPH Yeampierre Street Address (P.O. Box Number is Not Acceptable) 9521 E BAY HARBOR DR # 20 City BAY HARBOR Island FL Zip Code 33154 | | |
| 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 <u>JOSEPH Yeampierre</u> 4/20/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PD YEAMPIERRE, JOSEPH 9521 E BAY HARBOR ISLAND, # 18 BAY HARBOR ISLAND, FL 33154 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD Yeampierre JOSEPH 9521 E. BAY HARBOR DR # 20 BAY HARBOR Island, FL 33154 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MENESES, VIVIAN 9521 E BAY HARBOR ISLAND, # 18 BAY HARBOR ISLAND, FL 33154 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MENESES, Vivian 9521 E. BAY HARBOR DR # 20 BAY HARBOR Island, FL 33154 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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 exemptions contained 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 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>Vivian Meneses</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/20/07 Daytime Phone # (305) 468-1533 | | |