

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000080439		
1. Entity Name SERVIMAR CORPORATION		

Principal Place of Business 8237 NW 68 ST MIAMI, FL 33166 US	Mailing Address 8237 NW 68 ST MIAMI, FL 33166 US
--	--



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0617511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TROCONIS, SERGIO 8237 NW 68 STREET MIAMI, FL 33166
--

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, the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

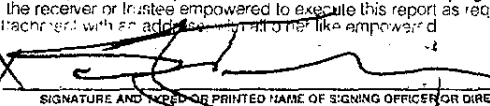
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE D	NAME TROCONIS, SERGIO M
STREET ADDRESS 8237 NW 68 STREET	
CITY ST ZIP MIAMI, FL 33166	
TITLE	NAME
STREET ADDRESS	
CITY ST ZIP	
TITLE	NAME
STREET ADDRESS	
CITY ST ZIP	
TITLE	NAME
STREET ADDRESS	
CITY ST ZIP	
TITLE	NAME
STREET ADDRESS	
CITY ST ZIP	

**U00000377661
09/07/05-80008-006 150.00**

**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 like another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05 305-7199511
Date Daytime Phone #