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Secretary of State
03-09-2004 90007 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54016129

DOCUMENT # P96000017603

1. Entity Name
ACCURATE SERVICES, CORP.

Principal Place of Business	Mailing Address
1593 S STATE RD 7 N LAUDERDALE, FL 33068	1593 S STATE RD 7 N LAUDERDALE, FL 33068

03042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1368 Seaview Suite, Apt. #, etc.	1368 Seaview Suite, Apt. #, etc.
City & State: North Lauderdale FL	City & State: North Lauderdale FL
Zip: 33068 Country:	Zip: 33068 Country:

4. FEI Number: 65-0655921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.76** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERT, STEVE 5952 NW 73RD CT PARKLAND, FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMBERT, STEVE 1407 NE 56TH STREET #202 FT. LAUDERDALE, FL 33334	☐ Delete	Lambert, Steve 5952 N.W. 73 Ct. Parkland FL 33067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POST, JEFF 1368 SEAVIEW NORTH LAUDERDALE, FL 33068	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Steve Lambert Steve Lambert 3-5-04 954-772-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #