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Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90020 028 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000025152

1. Entity Name
VIATICAL SERVICES, INC.

40035697

Principal Place of Business	Mailing Address
300 GATEWAY DR SUITE 230 POMPANO BEACH, FL 33069 US	43 S POMPANO PKWY PMB 112 POMPANO BEACH, FL 33069 US

01282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3000 GATEWAY DRIVE			
Suite, Apt #, etc.		Suite, Apt. #, etc	
City & State: POMPANO BEACH FL		City & State	
Zip: 33069	Country: USA	Zip	Country

4. FEI Number: 65-0673272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MINER, CURT ESQ.
255 ARAGON AVE, 2ND FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: BEASON, ORAL ESQ.
Street Address (P.O. Box Number is Not Acceptable): 3000 GATEWAY DRIVE
City: POMPANO BEACH FL Zip Code: 33069

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 ____ 2/21/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	CAPR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, ROBERTO		NAME		
STREET ADDRESS	255 ARAGON AVE, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 333134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ____ 2/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #