## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jul 29, 2005 8:00 am DOCUMENT # P96000027641 **Secretary of State** 1. Entity Name 07-29-2005 90011 044 \*\*\*150.00 CHRISTIAN BROTHERS SÉRVICES II. INC. Principal Place of Business Mailing Address 511 N.W. 49TH ST. MIAMI FL 33056 511 N.W. 49TH ST. MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - 1st-MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0654912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD, ARCHIE Street Address (P.O. Box Number is Not Acceptable) 511 N.W. 49TH ST. MIAMI FL 33056 City 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 Signature, typed or printed narric-or registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Change ☐ Addition ☐ Delete TITLE DONALD, ARCHIE NAME NAME STREET ADDRESS 511 N.W. 49TH ST STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME DONALD, MAURICE NAME STREET ADDRESS 511 NW 49TH ST STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIF CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change TITLE ☐ Delete TIFLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HILE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

## ALIACHMENT



Christian Brothers # 194000027641
Services II

Miami, Florida Phone: (305) 7 66-344-6580

Landscaping Division

7/27/25

To whom it may concar

I never recieved a statemed.

The mail for Coparake fee
requesting A Report to he
mail to my Home. I recently
recoved A Cond notice
I am reading 1500 At
this time I Call about
late fee waiver Since I
never recieved A Roport unto)
after may 2005.

Modie Dad-Presided Christ. Bother