


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000084876  
 1. Entity Name  
 747 SERVICE STATION, CORP.



Principal Place of Business      Mailing Address  
 2300 CORAL WAY                      2300 CORAL WAY  
 SUITE 200                                  SUITE 200  
 MIAMI, FL 33145                      MIAMI, FL 33145



01052005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
 65-0699486                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FLORIDA ANNUAL REPORT SERVICES, INC.  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145

**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 registered agent.

SIGNATURE: *[Signature]*      AMADA CANYERA LOPEZ, PRESIDENT      3/22/05  
Signature, typed or printed name of registered agent and FEI if applicable.      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARTILES, ELENA
STREET ADDRESS	4701 NW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	V
NAME	ARTILES, JORGE
STREET ADDRESS	4701 NW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	ARTILES, EVELYN
STREET ADDRESS	4701 NW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000286484  
 04/04/05-80030-017 150.00

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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]*      2-17-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

JORGE ARTILES, VICE-PRESIDENT