~ 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P97000013513 1. Entity Name GENERAL SERVICES ENTERPRISES, INC. Principal Place of Business Mailing Address 11213 TORBERT COURT ORLANDO FL 32837 11213 TORBERT COURT ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3428619 Not Applicable Zip Zip Country 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 CREEK, TANIA 11213 TORBERT COURT Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 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. roch SIGNATURE (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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. b ☐ Change ☐ Addition TITLE Defete TITLE PEREZ, PEDRO M MAME NAME Un0000289950 11213 TORBERT COURT STREET ADDRESS STREET ADDRESS 04/06/05-80047-004 150.00 ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-7iP TITLE D ☐ Delete TITLE ☐ Change Addition NAME CREEK, TANIA 11213 TORBERT COURT STREET ADDRESS STREET ADDRESS CITY ST-ZIP ORLANDO FL 32837 CITY-ST-7tP MLE ☐ Delete THILF Change Addition NAME PEREZ, SAUL NAME STREET ADDRESS STREET ADORESS 11213 TORBERT COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP JULE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-ZIF Change Addition Addition TITLE ☐ Delete TITLE 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 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 emagyered 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.

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR