

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 047 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # P97000026660 1. Entity Name SERVICE SOUTH POINT INC. | | | | | |
| Principal Place of Business 3110 NW 88 AVENUE APT. 108 SUNRISE, FL 33351 US | | | Mailing Address 824 NE 17 TERR APT 5A FT LAUDERDALE, FL 33304 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 690 E. PLANTATION CIRCLE Suite, Apt. #, etc. | | | |
| City & State _____ | | City & State PLANTATION FL | | 4. FEI Number 65-0738479 | |
| Zip _____ | | Country 33324 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, ENRIQUE M 3110 NW 88 AVENUE APT. 108 SUNRISE, FL 33351 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DM RODRIGUEZ, ENRIQUE M 3110 N.W. 88 AVE. #108 SUNRISE, FL 33351 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <i>Enrique Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/11/05 (759) 422-3615 <small>Date Daytime Phone #</small> | | |