2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

Signature Sign	1. Entity Nam	MENT # P970000 ERVICES WORLDWIDE	±	-			S	ecretary	oi Stat
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State State Address of New Registered Agent Name And Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) 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 effice or registered agent, or both, in the State of Pioritia. I am familiar with, and a contribution of registered agent. SIGNATURE FILE NOWIII FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 1 10. OFFICENS AND DIRECTORS 10. Name CITY ST-2P INVERTIGNESS CITY ST-2P UNIX. NAME Deale INIX. NAME OFFICENS AND DIRECTORS 10. Name CITY ST-2P UNIX. ON ST-2P UNIX. O	2 S. BISCAYN SUITE 3400	JE BLVD.	2 S. BISCAYNE BLVI SUITE 3400	D.		 	א ווופס אוופס אומס מושו סאי	N 1971; BUNK BENN GENER HIG	11 JULY DITTE BUT IN THE STREET
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Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01122005	Chg-P	CR2E034 (10/	(03)
S. Certificate of Status Desired Fee Required F	City & State	9	City & State						Applied For Not Applicable
ALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNIE BLVD. SUITE 3400 MIAMIT, FL 33131 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 a recommendation of registered agent are used statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a recommendation of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida. I am familiar with, and a recommendation of the state of Florida. I am familiar with, and a state of Florida. I am fa	Zip	Country	Ζiρ	Cour	ntry	5. Certificate	e of Status Desired		
Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Cur	rent Registered Agent		Name	7. Name an	d Address of New	Registered Agent	
SUITE 3400 MIAMI, FL 33131 City FL Zip Code 3. 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 familier with, and a me obligations of registered agent. SIGNATURE Solution Name or infrince or ingresses agent was Will Expectable (NOTE Registered Agent, or both), in the State of Florida. I am familier with, and a me obligations of registered agent. SIGNATURE Solution Name or infrince or ingresses agent was Will Expectable (NOTE Registered Agent, or both), in the State of Florida. I am familier with, and a member of ingresses agent was Will Expectable (NOTE Registered Agent, or both), in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, in the State of Florida. I am familier with, and a member of ingressian agent, or both, and a member of ingressian agent of ingressian agent of ingressian agent			ICES, INC.			P.O. Box Numb	por in Not Accordan	<u>.</u>	
S. 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 a me obligations of registered agent. SIGNATURE Signature. Speak or phroof name of managers agent and side it applicable. POTE: Requised Agent sprakes measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent, or both, in the State of Florida. I am familiar with, and a measured agent a	SUITE 340	0	· - 		Street Address (r C, Box Numi	Der is Not Acceptab	ie)	
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DPS	SIGNATURE	Signature, typed or printed name of registered	th eldsolvage if ellit one mega	NOTE, Registere	ed Agen) signature required	i when remstating).		DATE	
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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 eath, that I am an officer or dire 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date		URE: Lulas G	~ · ·	MUDIT	ZU CZERE		4.	954-72	5-5487