2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035166

Entity Name: CONTRERAS SERVICES, INC.

FILED Jul 07, 2005 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
905 SW 1ST ST #224				3752 SW 3RD AVENUE MIAMI, FL 33145 US		
MIAMI, FL	. 33130		,			
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 0 MIAMI, FL						
FEI Number	r: 65-0745754	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
CONTREF 3752 SW : MIAMI, FL						
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	its registered	I office or registered agent, or both,	
SIGNATU	RE:					
	Electroni	c Signature of Registered Ag	ent		Date	
		(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () CONTRERAS, M 905 SW 1 ST #2 MIAMI, FL 3313	224	Title: Name: Address: City-St-Zip:	DP CONTRERAS 3752 SW 3R MIAMI, FL 3	D AVENUE	
Title: Name: Address: City-St-Zip:	VD () CONTRERAS, C 1918 SW 3RD A MIAMI, FL 3312	VE #2	Title: Name: Address: City-St-Zip:	VD CONTRERAS 2370 SW 26 MIAMI, FL 3	TH LANE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TD CONTRERAS 3752 SW 3R MIAMI, FL 3	D AVENUE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SD CONTRERAS 3752 SW 3R MIAMI, FL 3	D AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO CONTRERAS PD 07/07/2005