

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90013 026 ***150.00

DOCUMENT # P97000052389

1. Entity Name
CHANNEL SERVICES OF AMERICA, INC.



Principal Place of Business
**6545 HIDDEN BEACH CIRCLE
ORLANDO, FL 32819**

Mailing Address
**6545 HIDDEN BEACH CIRCLE
ORLANDO, FL 32819**

400000



2. Principal Place of Business - No P.O. Box # **9101 SOUTHERN BREEZE DR** 3. Mailing Address **9101 SOUTHERN BREEZE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State **Orlando, FL**

City & State **Orlando, FL**

4. FEI Number
59-3453036

Applied For
Not Applicable

Zip **32836**

Country **U.S.A.**

Zip **32836**

Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**PRADEEP, PATEL
6545 HIDDEN BEACH CIR
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **PRADEEP PATEL**
Street Address (P.O. Box Number is Not Acceptable)

9101 SOUTHERN BREEZE DR.

City **ORLANDO**

FL

Zip Code

32836

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☒ Delete
NAME **PATEL, PRADEEP**
STREET ADDRESS **6545 HIDDEN BEACH CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☒ Delete
NAME **DAKSHA, PATEL**
STREET ADDRESS **6545 HIDDEN BEACH CIR**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PATEL PRADEEP**
STREET ADDRESS **9101 SOUTHERN BREEZE DR**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** ☐ Change ☐ Addition
NAME **PATEL DAKSHA**
STREET ADDRESS **9101 SOUTHERN BREEZE DR**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRADEEP PATEL

01/31/08

Daytime Phone #

407-363-0101