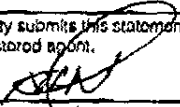


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000056033 1. Entity Name ACCURATE SERVICES INSTALLATION, INC.			
Principal Place of Business 13311 SW 135 AVENUE MIAMI, FL 33186 US		Mailing Address 13311 SW 135 AVENUE MIAMI, FL 33186 US	
DO NOT WRITE IN THIS SPACE		 04272004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0818240		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent HERNANDEZ, NEY DE JESUS 13311 SW 135 AVENUE MIAMI, FL 33186		DO NOT WRITE IN THIS SPACE	
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)		04/27/04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000137960 04/29/04-80061-010 150.00	
TITLE	PDS		
NAME	HERNANDEZ, NEY DE JESUS		
STREET ADDRESS	13311 SW 135 AVENUE		
CITY- ST- ZIP	MIAMI, FL 33186		
TITLE	VD		
NAME	HERNANDEZ, NILSON O		
STREET ADDRESS	13311 SW 135 AVENUE		
CITY- ST- ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(l), 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		04/27/04 DATE	