

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90087 045 ***150.00

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

2. Principal Place of Business

13311 SW 135 AV.

3. Mailing Address

13311 SW 135 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0818240

Applied For

Not Applicable

Zip

33186

Country

U.S.A

Zip

33186

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, NEY DE JESUS
13311 SW 135 AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Ney De Jesus Hernandez

Street Address (P.O. Box Number is Not Acceptable)

13311 SW 135 Av.

City

Miami FL

FL

Zip Code

33186

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME HERNANDEZ, NEY DE JESUS
STREET ADDRESS 13311 SW 135 AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete
NAME HERNANDEZ, NILSON O
STREET ADDRESS 13311 SW 135 AVENUE
CITY-ST-ZIP MIAMI FL 33186

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 (305) 251-8851

Date

Daytime Phone #