2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P98000029041 1. Entity Name GATOR SERVICES, INC. Principal Place of Business Mailing Address P O BOX 52-2776 MIAMI, FL 33152-2776 US 1798 NW 82 AVE MIAMI, FL 33126 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0821068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUDELO, JESUS DO NOT WRITE 15871 SW 24 ST MIRAMAR, FL 33027 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ##100000144296 44 190404-80126-001 **150.00** TITLE TUDELA, JESUS NAME 1798 NW 82 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 THLE NAME STREET ADDRESS CITY-ST-ZIP TIT: F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 five empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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