

2004 FOR PROFIT CORPORATION ANNUAL REPORT


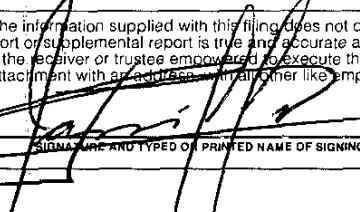
FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 043 ***150.00

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04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000029973					
1. Entity Name CARRILLO SERVICES, INC.					
Principal Place of Business 840 S.W. 55TH AVENUE MARGATE, FL 33068			Mailing Address 840 S.W. 55TH AVENUE MARGATE, FL 33068		
2. Principal Place of Business 840 S.W. 55TH AVE		3. Mailing Address 840 S.W. 55TH AVENUE			
Suite, Apt. #, etc. NUE		Suite, Apt. #, etc.			
City & State MARGATE FL.		City & State MARGATE FL.		4. FEI Number 65-0834789	
Zip 33068		Country BRAWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRILLO, JULIO C 840 S.W. 55TH AVENUE MARGATE, FL 33068			7. Name and Address of New Registered Agent Name CARRILLO, Julio C Street Address (P.O. Box Number is Not Acceptable) 840 S.W. 55TH AVENUE City MARGATE FL 33068		
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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, JULIO C 840 S.W. 55TH AVENUE MARGATE, FL 33068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 - in any other like empowered.					
SIGNATURE: 			Date Julio C. Carrillo - 05-24-04 - 954-649-9539		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		