FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042094 1. Corporation Name

GREENWICH INVESTIGATION SERVICES. INC.

Tiricipa	i i inica di Dualinea	,,,
7985 SW	GRAND CANAL D	R
MIALN CI	32144	

Dringing Bluce of Rusiness

Mailing Address

7985 SW GRAND CANAL DR MIAM! FL 33144

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90176 039 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/07/1998 Applied For

Principal	Place of Business	2a. Mailing Add	ress		4. FEI NU riber	App led For
<u> </u>		26			65-0838512	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #	t, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	ate	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Count	гу	This corporation owes the current year Personal Property Tax.	Intangible □ Yes [] No
9. Name and Add ess of Current Registered Agent				10. Name and Address of New Registered Agent		
DE	RDOMO, CHARLES NEIL			1 Name		
7985 SW GRAND CANAL DR		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
Miź	AMI FL 33144		8	3		
			8	4 City		85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		The second of th	and the diameter	ad when reinstauno) DATE	'	
Signature, typed or printed nai ne of registered agent and title if applicable. (NOTI : Re			egistered Agent signature require	ADDITICINS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		DELETE	1.1 TITLE	Change	Addition	
TITLE	PVST	_ DELETE			_	
NAME	PERDOMO, CHARLES NEIL		1.2 NAME		ļ	
STREET ADORE 3S	7985 SW GRAND CANAL DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE	Change	Addition	
NAME	PERDOMO, CHARLES NEIL		2.2 NAME			
STREET ADDRE 3S	7985 SW GRAND CANAL DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE	☐ Change	☐ Addition	
NAME			3.2 NAME			
STREET ADDRE 3S			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	,	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition	
NAME			4. 2 NAME			
STREET ADORE 3S			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change	Addition i	
NAME			5.2 NAME			
STREET ADDRE 3S			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition	
NAME			6.2 NAME		(ma)	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the informat on 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 annual report or suppliemental singular 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

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