

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045971

Entity Name: CONTI SERVICES, INC.

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18911 NW 10 STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18911 NW 10 STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 81-0657835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTI, GARY A  
18911 NW 10 STREET  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CONTI, GARY A  
Address: 18911 NW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP  
Name: CONTI, PAUL A  
Address: 7330 GRANDA BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: D  
Name: CONTI, NINA M  
Address: 18911 NW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY A CONTI

PST

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date