2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P98000080663

Entity Name: SPLENDOR SERVICES, INC.

Current Principal Place of Business:

2868 SW 177TH AVE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

2868 SW 177TH AVE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 52-2122473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBAR, NELSON
2868 SW 177TH AVE
MIRAMAR, FL 33029

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESCOBAR, NELSON
Address: 2868 SW 177TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VD ( ) Delete
Name: ESCOBAR, MARIA
Address: 2868 SW 177 AVE.
City-St-Zip: MIRAMAR, FL 33029

Title: SD ( ) Delete
Name: ESCOBAR, JAIRO
Address: 2868 SW 177 AVE.
City-St-Zip: MIRAMAR, FL 33029

Title: VD ( ) Delete
Name: ESCOBAR, GLADYS
Address: 315 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NELSON ESCOBAR PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date