2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Mar 02, 2005 08:00 AM DOCUMENT # P98000092090 **Secretary of State** 1. Entity Name A & Y HOME AND OFFICE SERVICES, INC. Principal Place of Business Mailing Address 2701 W 81 ST 2701 W 81 ST HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0878936 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUERRA, ALEX Street Address (P.O. Box Number is Not Acceptable) 2701 W 81 ST HIALEAH FL 33016 City Zip Code 8. The above named entity submits this statement of 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 Signature I wood or printed name of registrated agent and tribe applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . ☐ Defete TITLE ☐ Change Addition GUERRA, ALEX NAME NAME 19450 S.W. 16 ST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES FL 33029 CHY-ST-ZIP TITLE SD ☐ Delete HITLE ☐ Change Addition GUERRA, YAILEN NAME NAME STREET ADDRESS 19450 S.W. 16 ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP ☐ Delete TITLE 1111 Change ☐ Addition NAME NAME U00000249212 03/02/05-80060-014 150.00 STREET ADDRESS STREET ADDRESS CITY ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLTY-ST-ZIP THRE ☐ Deiete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THE Delete 11111 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empoyaged to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empoyed did changed, or on an attachment with an address, with all of

EP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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