

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006955

1. Entity Name
NEGEMSA SERVICES CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 16 PM 1:38

Principal Place of Business

4691 NW 9TH ST
A-105
MIAMI, FL 33126

Mailing Address

4691 NW 9TH ST
A-105
MIAMI, FL 33126

2. Principal Place of Business

1784 W. Flagler St.
Suite, Apt. #, etc.
STE: 20

3. Mailing Address

1784 W. Flagler St.
Suite, Apt. #, etc.
ste: 20

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

Zip

33185

Country

03152005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1085600

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLA, PORFIRIO
4691 NW 9TH
SUITE A-105
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVS
NAME MILLA, PORFIRIO
STREET ADDRESS 4691 NW 9TH STREET, APT A-105
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE TD
NAME MILLA, PORFIRIO
STREET ADDRESS 4691 NW 9TH STREET, APT A-105
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #