

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000017608 1. Entity Name ADVANCED SERVICES INTERNATIONAL, INC.	
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Principal Place of Business 16419 SW 54 CT MIRAMAR, FL 33027	Mailing Address 16419 SW 54 CT MIRAMAR, FL 33027
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DO NOT WRITE IN THIS SPACE

07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0900433	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMANIEGO, JUAN B 5350 NORTHWEST 104TH COURT MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCARANDA, ARMANDO 5350 NW 104 COURT MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/22/05-80008-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #