



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000055821 1. Entity Name MANAGEMENT AND TECHNICAL SERVICES, INC.			
Principal Place of Business 1261 SE 5 AVE POMPAÑO BEACH, FL 33060 US		Mailing Address 1261 SE 5 AVE POMPAÑO BEACH, FL 33060 US	
			
		01072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0928969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENOFF, LORRAYNE 1261 SE 5 AVE POMPAÑO BEACH, FL 33060			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000003624 01/13/04-80064-018 150.00	
TITLE	PSTD		
NAME	LENOFF, LORRAYNE		
STREET ADDRESS	1261 SE 5 AVE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE			
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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 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: <i>Lorrayne Lenoff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/8/04</u> Daytime Phone # _____	