

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 024 ***150.00

DOCUMENT # P99000057507

1. Entity Name

ACT MANAGEMENT SERVICES, INC.



Principal Place of Business

11137 NW 72ND TERRACE
MIAMI FL 33178

Mailing Address

11137 NW 72ND TERRACE
MIAMI FL 33178

2. Principal Place of Business

10919 N.W. 70TH ST.

Suite, Apt. #, etc.

3. Mailing Address

10919 N.W. 70TH ST.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0941052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO
8180 NW 36TH STREET
STE 230
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Florida Corporate Registered Agents, Inc.

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

8180 N.W. 36 ST., STE. 230

City

MIAMI

FL

Zip Code

33166

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

E. Gonzalez, Director

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDTS ☒ Delete
NAME DE SENA, VALDETE M
STREET ADDRESS 11137 NW 72ND TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDTS ☐ Change ☒ Addition
NAME DE SENA, VALDETE
STREET ADDRESS 10919 N.W. 70TH ST.
CITY-ST-ZIP MIAMI, FL 33178

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #