2005 FOR PROFIT CORPORATION	Jun 03, 2005 8:00 ar Secretary of State			
OCUMENT # P99000057507 Entity Name ET MANAGEMENT SERVICES, INC.		06-03-2005 90004 036 ***150.00		

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1. Entity Nam	OCUMENT # P99000057507 Initity Name IT MANAGEMENT SERVICES, INC.				06-03-2005 90004 036 ***150.00				
Principal Plac	e of Business	Mailing Address	I						
		-							
5583 NW 72		5583 NW 72ND AVE					_		
MIAMI, FL 3	3100	MIAMI, FL 33166				500 111111111111111	533CA		
						en ri io mai mai mil	i i di	 	
2. Principal P	face of Business	3. Mailing Address					. 		
	2 NW 62 ST.	7852 N	w 62	ST.		LILI UDILI UDILI UBILI	ı 18 50) B ilsi Bâlıf 199		
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		-	•	•		
, , ,	,				06012005 Chg	P CR2	E034 (10/03)		
City & Stat	e	City & State			4. FEI Number		Ac	plied For	
MIA		MIAMI	FL		65-0941052			t Applicable	
Zip _	Country	7,0	Country				\$8.75 Add		
33	166 1150	33166	115	A	5. Certificate of Status I	Desired	Fee Require		
	6. Name and Address of Current	<u> </u>	72.	· /	7. Name and Address	of New Registere			
	,		Nam	ne				<u></u>	
FLORIDA	CORPORATE REG. AGENTS.	INC.			CORPORATE RE		AGEN	S, INC.	
	36TH STREET		Stre	Street Address (P.O. Box Number is Not Acceptable)					
STE 230				2 <i>0</i> 0	NW 19.	<u>57. </u>			
·MIAMI, FL	33166		<	SHIT	E 301				
	•		City				7 Zin Cod	Α .	
•			0,1,4	MIA	mi	F	L 35%	26	
	named entity submits this statement fo	r the purpose of changing its	registered offic	e or registe	red agent, or both, in the S	tate of Florida. La	m familiar with,	and accept	
the obligat	ions of registered agent.								
	47								
SIGNATURE.	Signature, typed or printed name of registered agent	and tide if applicable (NOTE	Flegistered Agent s	mature remuse	d when reinstation)	DATI	-		
<u> </u>			-						
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campai Trust Fund Contr			i.00 May Be In acco	rdance with s. 6 ition did not rece	07.193(2)(b), sive the prior r	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO DEFICERS A	ND DIRECTOR:	S IN 11	
TITLE	PDTS	□ Delete	TITLE	D N				☐ Addition	
NAME	DE SENA, VALDETE M	L Delete	NAME	12 12	1 3 unh	to M.	E Change	L. AUUIGUI	
STREET ADDRESS	10919 NW 70TH ST.		STREET ADDRE	" DE	SENA, VAID	13 57	<u></u>		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	~ つ :	SENA, VALD 352 NW 1AM FL	62211	6		
	11, 11, 12. 30113			1	IAMI FL	<u> </u>			
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME STREET ADDRE						
STREET ADDRESS				:55		•			
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		_ Delete	TITLE				☐ Change	Addition	
NAME			NAMÉ				•		
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delcte	TITLE				☐ Change	Addition	
NAME			NAME				-		
STREET ADDRESS			STREET ADDRE	:SS					
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME .			NAME				LJ Granyo		
STREET ADDRESS			STREET ADDRE	SS					
CITY-ST-ZIP		:	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET AODRE	.ss					
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 Se	ection 119.07(3)(i), Florida	Statutes. I further o	certify that the in	nformation	
indicated	on this report or supplemental report is	true and accurate and that nowered to execute this report	ny signature sh as required by	all have the Chapter 60	same legal effect as if mad 7. Florida Statutes: and the	ie under oath; that t my name annear	I am an officer	or director	
changed	poration or the receiver or trustee empo , or on an attachment with an address,)	with all other like empowered.	an indolled by	Supple 00	. , onda otatulea, and the	, name appeal	S., Didde TO U	JOUR IIII	
	<i>f</i> .	11111/							
SIGNAT	URE: <i>c#</i>	MAL							
	SIGNATURE AND TYPED G	RIFTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date		Daytme Phone #		