

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 044 ***150.00

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1. Entity Name
HOLGUIN SERVICES, INC.



Principal Place of Business
**371 NW 39TH STREET
POMPANO BEACH, FL 33064 US**

Mailing Address
**371 NW 39TH STREET
POMPANO BEACH, FL 33064 US**

40047557



02252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
4540 NW 18th Ave
Suite, Apt. #, etc.
508

3. Mailing Address
4540 NW 18th Ave
Suite, Apt. #, etc.
508

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33064 Country
USA

Zip
33064 Country
USA

4. FEI Number
65-0938875

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOLGUIN, ROBERTO A
371 NW 39TH STREET
POMPANO BEACH, FL 33064**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	☐ Delete	TITLE	P, D	☒ Change ☐ Addition
NAME	HOLGUIN, ROBERTO A		NAME	HOLGUIN, ROBERTO A	
STREET ADDRESS	371 NW 39TH STREET		STREET ADDRESS	4540 NW 18th Ave # 508	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064 USA	
TITLE	VPD	☐ Delete	TITLE	VP, D	☐ Change ☐ Addition
NAME	HOLGUIN, JAIME D		NAME	HOLGUIN, JAIME D	
STREET ADDRESS	371 NW 39TH STREET		STREET ADDRESS	4540 NW 18th Ave # 508	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33064 USA.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ (NOTE: Signature and typed or printed name of signing officer or director)
Date **03/13/08** Daytime Phone # **(561) 542-4772**