


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000098074		
1. Entity Name MAINFRAME CONFIDENTIAL SERVICES CORP.		

FILED

04 AUG 26 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 651 NW 82 AVE, SUITE 110E MIAMI, FL 33126	Mailing Address PO BOX 655058 MIAMI, FL 33265-5058
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2. Principal Place of Business 9100 SW 24TH ST Suite, Apt. #, etc. SUITE #5 City & State MIAMI FL Zip 33165 Country	3. Mailing Address P.O. Box 655058 Suite, Apt. #, etc. MIAMI, FL 33265 City & State MIAMI FL Zip 33265 Country DADE
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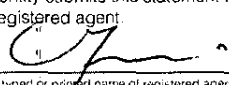
07192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent QUIJANO, JOSE A 651 NW 82 AVE, APT 110 MIAMI, FL 33126	
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4. FEI Number 65-0942208	Applied For Not Applicable
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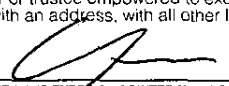
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 08/10/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIJANO, JOSE A 651 NW 82 AVE 110 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100040645141 08/30/04--01075--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTAMARIA, JANET 651 NW 82 AVE, SUITE 110E MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	08/10/04 (786) 263-3500

August 26, 2004

To: Florida Department of State
Division of Corporation

From: Main Frame Confidential Serv. Corp.

Regards: File Corporation

Attn: Johns Tonne

Through this letter I swear that never I received the first one notification to renew the corporation.

Sincerely



Jose A. Quijano
President of MFCSC