

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000045971

**Entity Name:** CONTI SERVICES, INC.**Current Principal Place of Business:**18911 NW 10 STREET  
PEMBROKE PINES, FL 33029**Current Mailing Address:**18911 NW 10 STREET  
PEMBROKE PINES, FL 33029**FEI Number:** 81-0657835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTI, GARY A  
18911 NW 10 STREET  
PEMBROKE PINES, FL 33029 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name CONTI, GARY A  
Address 18911 NW 10 STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name CONTI, PAUL A  
Address 7330 GRANDA BLVD  
City-State-Zip: MIRAMAR FL 33023

Title D  
Name CONTI, NINA M  
Address 18911 NW 10 STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR  
Name FARINA, DIEGO R  
Address 1770 NE 191 STREET  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name KENNY, MATTHEW M  
Address 7528 HAYES STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title DIRECTOR  
Name SAVARESE, GIOVANNI  
Address 2631 EVERGREEN COURT  
City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR  
Name RANDALL, CHRISTOPHER A  
Address 4170 SW 56 TERRACE  
City-State-Zip: DAVIE FL 33314

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY A CONTI**PRESIDENT****10/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date