

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 05, 2008
Secretary of State**

DOCUMENT# P04000024258

Entity Name: FILUS & COGO EXCELLENCE SERVICES, INC.

Current Principal Place of Business:

1016 SUPERIOR ST.
LOT 133
FORT MYERS, FL 33916

New Principal Place of Business:

8555 BERNWOOD COVE LOOP
APT 110
FORT MYERS, FL 33912

Current Mailing Address:

1016 SUPERIOR ST.
LOT 133
FORT MYERS, FL 33916

New Mailing Address:

8555 BERNWOOD COVE LOOP
APT 110
FORT MYERS, FL 33912

FEI Number: 20-0696042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FILUS, ALISON
Address: 1016 SUPERIOR ST. #133
City-St-Zip: FT. MYERS, FL 33916

Title: TD () Delete
Name: FILUS, ALEXANDRE
Address: 1016 SUPERIOR ST. #133
City-St-Zip: FT. MYERS, FL 33916

Title: VD () Delete
Name: COGO, DEBORA L
Address: 1016 SUPERIOR ST. #133
City-St-Zip: FT. MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FILUS,, ALISON
Address: 8555 BERNWOOD COVE LOOP APT 110
City-St-Zip: FT. MYERS, FL 33912

Title: TD (X) Change () Addition
Name: FILUS, ALEXANDRE
Address: 8555 BERNWOOD COVE LOOP APT 110
City-St-Zip: FT. MYERS, FL 33912

Title: VD (X) Change () Addition
Name: COGO, DEBORA L
Address: 8555 BERNWOOD COVE LOOP APT 110
City-St-Zip: FT. MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALISON FILUS

PD

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date