

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000168310

**FILED**  
**Oct 03, 2008**  
**Secretary of State**

**Entity Name:** HEAVEN SENT PROCESS SERVERS INC.

**Current Principal Place of Business:**

7916 SOARING TRAIL LN  
TAMPA, FL 336151510

**New Principal Place of Business:**

**Current Mailing Address:**

7916 SOARING TRAIL LN  
TAMPA, FL 336151510

**New Mailing Address:**

**FEI Number:** 06-1763854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO, ANA  
7916 SOARING TRAIL LN  
TAMPA, FL 336151510 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: CASTILLO, ANA  
Address: 7916 SOARING TRAIL LN  
City-St-Zip: TAMPA, FL 336151510

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CASTILLO JR, RUBEN  
Address: 7916 SOARING TRAIL LN  
City-St-Zip: TAMPA, FL 336151510

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: RUBEN CASTILLO JR

D

10/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date