2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078748

Entity Name: SERVOLAB C.A., INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3900 N.W. 79 AVENUE 10824 SW 2ND ST SUITE 632 APT. 120 MIAMI, FL 33166 MIAMI, FL 33174

Current Mailing Address: New Mailing Address:

 3900 N.W. 79 AVENUE
 10824 SW 2ND ST

 SUITE 632
 APT. 120

 MIAMI, FL 33166
 MIAMI, FL 33174

FEI Number: 65-1035902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 SUAREZ, ZOILO
 SUAREZ, ZOILO

 3900 N.W. 79TH AVE.
 10824 SW 2ND ST

 SUITE 632
 APT. 120

 MIAMI, FL 33166 US
 MIAMI, FL 33174 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: 02/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SUAREZ, ZOILO A
 Name:
 SUAREZ, ZOILO A

 Address:
 3900 N.W. 79 AVENUE, SUITE 632
 Address:
 10824 SW 2ND ST, APT. 120

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33174

Title: SD () Delete Title: SD (X) Change () Addition

Name: SUAREZ, NITZA Name: SUAREZ, NITZA

Address: 3900 N.W. 79TH AVE, SUITE 632 Address: 10824 SW 2ND ST, APT. 120

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33174

Title: V () Delete Title: V (X) Change () Addition

Name: MAGO, JOSE Name: MAGO, JOSE

Address: 3900 N.W. 79TH AVE, SUITE 632 Address: 10824 SW 2ND ST, APT. 120

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33174

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: ZOILO A. SUAREZ PD 02/23/2009