

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000048501

FILED
Dec 12, 2007
Secretary of State**Entity Name:** OK PROFESSIONAL SERVICE CORPORATION**Current Principal Place of Business:**21955 TIDEWATER TERRACE
208
BOCA RATON, FL 33433 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 542745
LAKE WORTH, FL 33454 US**New Mailing Address:****FEI Number:** 75-3056788**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEIVA, CARLOS A
5603 DEWBERRY WAY
WEST PALM BEACH, FL 33415 US**Name and Address of New Registered Agent:**CHOCABOT, CARLOS A
21955 TIDEWATER TERRACE, 208
BOCA RATON, FL 33433 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: CARLOS CHOCABOT

12/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PST () Delete
Name: LEIVA, CARLOS A
Address: 5603 DEWBERRY WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change () Addition
Name: CHOCABOT, CARLOS A
Address: 21955 TIDEWATER TERRACE, 208
City-St-Zip: BOCA RATON, FL 33433 US

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: CARLOS CHOCABOT

PRES

12/12/2007

Electronic Signature of Signing Officer or Director

Date