

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000055078

FILED
Jun 09, 2008
Secretary of State

Entity Name: NATIONAL TECHNICAL SUPPORT SERVICES INC.

Current Principal Place of Business:

6040 SW 109 CT
MIAMI, FL 33265

New Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323

Current Mailing Address:

3051 SW 149 AVE
MIAMI, FL 33185

New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323

FEI Number: 77-0592581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LETICIA
6040 SW 109 CT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

CARRET, SOILA
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 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: SOILA CARRET

06/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D-PD () Delete
Name: PEREZ, LETICIA
Address: 6040 SW 109 CT
City-St-Zip: MIAMI, FL 33173

Title: D-VP (X) Delete
Name: SOILA, CARRET
Address: 6040 SW 109 CT
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CARRET, SOILA
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

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

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: SOILA CARRET

DPST

06/09/2008

Electronic Signature of Signing Officer or Director

Date