

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000072581

FILED
Apr 20, 2006
Secretary of State

Entity Name: JS PROFESSIONAL SERVICES INC.

Current Principal Place of Business:

900 NW 45 ST #203
POMPANO BCH, FL 33064

New Principal Place of Business:

900 NW 45 ST #203
POMPANO BCH, FL 33064 US

Current Mailing Address:

900 NW 45 ST #203
POMPANO BCH, FL 33064

New Mailing Address:

900 NW 45 ST
203
POMPANO BEACH, FL 33064 US

FEI Number: 01-1418526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, JOELIO M
900 NW 45 ST #203
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

DA SILVA, JOELIO M
900 NW 45 ST
203
POMPANO BEACH, FL 33064 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: JOELIO M DA SILVA

04/20/2006

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: DPVS () Delete
Name: DA SILVA, JOELIO M
Address: 900 NW 45 ST #203
City-St-Zip: POMPANO BCH, FL 33064

Title: T () Delete
Name: DA SILVA, JOELIO M
Address: 900 NW 45 ST #203
City-St-Zip: POMPANO BCH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: DA SILVA, JOELIO M
Address: 900 NW 45 ST #203
City-St-Zip: POMPANO BCH, FL 33064 US

Title: T (X) Change () Addition
Name: DA SILVA, JOELIO M
Address: 900 NW 45 ST #203
City-St-Zip: POMPANO BCH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOELIO M DA SILVA

P,D

04/20/2006

Electronic Signature of Signing Officer or Director

Date