

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000035758

FILED
Nov 15, 2005
Secretary of State

Entity Name: COMPLETE SERVICE CONTRACTORS, INC.

Current Principal Place of Business:

121 GOLDEN ISLES DRIVE
#105
HALLANDALE, FL 33009

Current Mailing Address:

PO BOX 190812
MIAMI BEACH, FL 33119

New Principal Place of Business:

1370 WASHINGTON AVE.
228
MIAMI BEACH, FL 33139

New Mailing Address:

1370 WASHINGTON AVE.
228
MIAMI BEACH, FL 33139

FEI Number: 02-0688399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINARES-ZIVALICH, AURORA
121 GOLDEN ISLES DRIVE
#105
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

TOME, LILIA M P
1308 DREXEL AVE.
#304
MIAMI BEACH, FL 33139 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: LILIA TOME

11/15/2005

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: P () Delete
Name: LINARES-ZIVALICH, AURORA
Address: 121 GOLDEN ISLES DRIVE, #105
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MILANO, SALOME'
Address: 1301 DREXEL AVENUE #311
City-St-Zip: MIAMI BEACH, FL 33119

Title: V () Delete
Name: TOME, LILIA
Address: 1301 DREXEL AVENUE #311
City-St-Zip: MIAMI BEACH, FL 33119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOME, LILIA M P
Address: 1308 DREXEL AVE. #304
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change () Addition
Name: MILANO, MARIA S VP
Address: 1301 DREXEL AVENUE #304
City-St-Zip: MIAMI BEACH, FL 33139

Title: SVP (X) Change () Addition
Name: LINARES-ZIVALICH, AURORA SVP
Address: 540 NE 113TH STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LILIA TOME

P

11/15/2005

Electronic Signature of Signing Officer or Director

Date