2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050178

FILED Jun 01, 2004 Secretary of State

Entity Non	ma. A L D C [NEBAL SERVICES CORR		,	
Entity Name: A L P GENERAL SERVICES CORP					
					
Current Pi	rincipal Plac	e of Business:	New Principal	New Principal Place of Business:	
6162 SHERWOOD GLEN WAY #8					
W PALM B	CH, FL 3341	5			
Current Mailing Address:			New Mailing A	New Mailing Address:	
_			•		
6162 SHERWOOD GLEN WAY #8 W PALM BCH, FL 33415					
	,				
FEI Number:	20-0015148	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:	
TAX HOUSE CORPORATION			TAX HOUSE C	TAX HOUSE CORPORATION	
533 SAMPLE RD				1261 E. SAMPLE RD	
POMPANO BCH, FL 33064 US POMPANO BCH, FL 33064 US				CH, FL 33064 US	
The above in the State		submits this statement for the	ourpose of changing its re	egistered office or registered agent, or both,	
SIGNATUR	RE: BRENO	R. GOMES		06/01/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
In accordance	e with s. 607.1	93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DP () Delete	Title:	() Change () Addition	
Name:	CARDOSO, AI	RNALDO J	Name:		
Address:		OOD GLEN WAY #8	Address:		
City-St-Zip:	W PALM BCH	, FL 33415	City-St-Zip:		
Title:	DV () Delete	Title:	() Change () Addition	
Name:	CARDOSO, LI	JCIA A	Name:		
Address:		OOD GLEN WAY #8	Address:		
City-St-Zip:	W PALM BCH	, FL 33415	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	CARDOSO, PA		Name:		
Address:		OOD GLEN WAY #8	Address:		
City-St-Zip:	W PALM BCH	, FL 33415	City-St-Zip:		

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: ARNALDO CARDOSO DP 06/01/2004