2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054655

Entity Name: J. B. SOUZA SERVICES, INC.

ROMAGNOLÍ, FLAVIA

ORLANDO, FL 32822 US

4227 PERSHING POINTE PL 06

Name:

Address:

City-St-Zip:

FILED May 17, 2007 Secretary of State

y		02/102/1020, 1110.			
Current Pr	incipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1516 E. CC	LONIAL DR.				
107 ORLANDO	, FL 32803	US			
	· ailing Addre	ess:	New Mailing Address	New Mailing Address:	
1516 E. CC	DLONIAL DR.				
107					
	, FL 32803	US			
FEI Number:	57-1166215	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SOUZA, JOSE B FILHO 4227 PERSHING POINTE PL 06			SUITE 40	8818 COMMODITY CIRCLE SUITE 40	
ORLANDO, FL 32822 US			ORLANDO, FL 32819	ORLANDO, FL 32819 US	
The above in the State		submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON				05/17/2007	
	Electro	nic Signature of Registered A	gent	Date	
		93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SOUZA, JOSE	NG POINTE PL 06	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROMAGNOLI,	NG POINTE PL 06	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOUZA, ANA	NG POINTE PL 06	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DS () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE B FILHO SOUZA DP 05/17/2007