2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P03000069992

Entity Name: AGAPE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

3720 NE 17TH AVE.
POMPANO BEACH, FL 33064

New Principal Place of Business:

4931 NW 55TH ST
COCONUT CREEK, FL 33073

Current Mailing Address:

3720 NE 17TH AVE.
POMPANO BEACH, FL 33064

New Mailing Address:

4931 NW 55TH ST
COCONUT CREEK, FL 33073

FEI Number: 20-0055837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: TAX HOUSE CORPORATION
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: PD ( ) Delete
Name: FERREIRA, ALESSANDRA F
Address: 3720 NE 17TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FERREIRA, ALESSANDRA F
Address: 4931 NW 55TH ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Change (X) Addition
Name: FERREIRA, WELLINGTON G
Address: 4931 NW 55TH ST
City-St-Zip: COCONUT CREEK, FL 33073

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: ALESSANDRA F FERREIRA PD 05/02/2005
Electronic Signature of Signing Officer or Director Date