## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009611

Entity Name: BR EXCELLENCE SERVICES, CORP.

FILED Apr 19, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

4029 CROCKERS LAKE BLVD. 5464 SECOND AVE

FORT MYERS, FL 33907 APT. 1813 US SARASOTA, FL 34238

**New Mailing Address: Current Mailing Address:** 

4029 CROCKERS LAKE BLVD. 5464 SECOND AVE

APT. 1813 FORT MYERS, FL 33907 US SARASOTA, FL 34238

FEI Number: 20-0595208 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR 11601 S CLEVELAND AVE STE 6

FT MYERS, FL 33907 SUITE 246 ORLANDO, FL 32819 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: CAROLINE LARSON 04/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title: (X) Change ( ) Addition

BORBA, ROBERTO BORBA, ROBERTO Name: Name:

4029 CROCKERS LAKE BLVD., APT. 1813 5464 SECOND AVE Address: Address:

City-St-Zip: SARASOTA, FL 34238 City-St-Zip: FORT MYERS, FL 33907 US

VPD Title: VPD Title: () Delete (X) Change ( ) Addition

Name: CUSTODIO, EDSON Name: CUSTODIO, EDSON 7709 TAMARA LEE CT., #101 2727 COLONIAL BLVD APT 205 Address: Address:

FORT MYERS, FL 33907 FORT MYERS, FL 33907 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete

Name: DE JESUS, RONALDO A Name: 1825 LINHARTE AVE 37-A Address Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33901 US

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: ROBERTO BORBA PD 04/19/2005