2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000035453

Entity Name: ABC GENERAL SERVICES, INC.

COTRUFFO, FRANCISCO

BOCA RATON, FL 33432 US

1675 NW 4TH AVE/103

Name:

Address:

City-St-Zip:

FILED Sep 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1675 NW 4	4TH AVE					
103						
BOCA RA	TON, FL 3343	2 US				
Current Mailing Address:			New Maili	New Mailing Address:		
1675 NW 4	4TH AVE					
	TON, FL 3343	2 US				
FEI Number	: 20-0771171	FEI Number Applied For ()	FEI Number Not Appl	icable () Certi	ficate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1675 NW 4	S, ROSANGEL/ 4TH AVE	4				
103 BOCA RA	TON, FL 3343	2 US				
	named entity s e of Florida.	submits this statement for th	e purpose of changing it	ts registered office of	or registered agent, or both,	
SIGNATUI	RE: ROSANG	ELA SANCHES				
	Electron	ic Signature of Registered A	Agent	Date		
		3(2)(b), F.S., the corporation did Trust Fund Contribution ().	not receive the prior notic	e.		
	S AND DIREC	•	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	P ()	Delete	Title:	() Chan	ge () Addition	
Name:	SANCHES, ROS		Name:	()	5 - ()	
Address:	1675 NW 4TH	VE/103	Address:			
City-St-Zip:	BOCA RATON,	FL 33432 US	City-St-Zip:			
Title:	V ()	Delete	Title:	V (X) Chan	ge () Addition	
Name:	BARROS, ADEI		Name:	GOMES, GOMES L	9 - (,	
Address:	1675 NW 4TH		Address:	12 VERNON STREET		
City-St-Zip:	BOCA RATON,		City-St-Zip:	HARTFORD, CT 088	16 US	
Title:	D (X)	Delete	Title:	() Chan	ge () Addition	
Name:	GOMES, FLAVI		Name:	() Shang	5 - 1 / · · · · · · · · · · · · · · · · · ·	
Address:	1675 NW 4TH		Address:			
City-St-Zip:	BOCA RATON,		City-St-Zip:			
Title:	D (X)	Delete	Title:	() Chan	ge () 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: ROSE SANCHES P 09/30/2008