

2005 FOR PROFIT CORPORATION ANNUAL REPORT

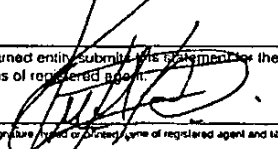
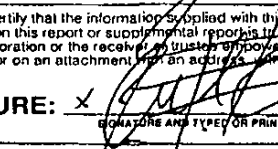
FILED
Sep 02, 2005 8:00 am
Secretary of State

08-17-2005 90003 023 ***150.00
09-02-2005 90014 049 ***400.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000048271					
1. Entity Name DOS REIS SERVICES, INC.					
Principal Place of Business 7905 LANDMARK COURT APT #B TAMPA, FL 33615			Mailing Address 7905 LANDMARK COURT APT #B TAMPA, FL 33615		
2. Principal Place of Business 7927 Landmark Circle			3. Mailing Address 7927 Landmark Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa FL			City & State Tampa FL		
Zip 33615		Country		Zip 33615	
Country		Country		4. FEI Number 20-0870165	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOS REIS, AILTON 7905 LANDMARK COURT APT #B TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  AILTON DOS REIS DATE: 6/18/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P DOS REIS, AILTON 7905 LANDMARK COURT, APT #B TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	7927 Landmark Circle ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GOMES, ADELAIDE 7905 LANDMARK COURT, APT #B TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	7927 Landmark Circle ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment to an address with an other like empowered.					
SIGNATURE:  AILTON DOS REIS			06/18/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		