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Sep 02, 2005 8:00 am
Secretary of State

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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048271

1. Entity Name
DOS REIS SERVICES, INC.

50064652

04282005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7905 LANDMARK COURT APT #B TAMPA, FL 33615	7905 LANDMARK COURT APT #B TAMPA, FL 33615

2. Principal Place of Business	3. Mailing Address
7927 Landmark Circle	7927 Landmark Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33615 Country:	Zip: 33615 Country:

4. FEI Number: 20-0870165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOS REIS, AILTON ~~7905 LANDMARK COURT~~ 7927 Landmark Circle ~~APT #B~~ TAMPA, FL 33615	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 ✗ [signature] AILTON DOS REIS 6/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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-ST-ZIP	P DOS REIS, AILTON ~~7905 LANDMARK COURT, APT #B~~ TAMPA, FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7927 Landmark Circle
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOMES, ADELAIDE ~~7905 LANDMARK COURT, APT #B~~ TAMPA, FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7927 Landmark Circle
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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 report 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 with an address, with all other like empowered.

SIGNATURE: ✗ [signature] 06/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #