

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048271

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: DOS REIS SERVICES, INC.

## Current Principal Place of Business:

7927 LANDMARK CIRCLE  
TAMPA, FL 33615

## New Principal Place of Business:

2854 MUSKY MINT DR  
LAND O LAKES, FL 34638

## Current Mailing Address:

7927 LANDMARK CIRCLE  
TAMPA, FL 33615

## New Mailing Address:

2854 MUSKY MINT DR  
LAND O LAKES, FL 34638

FEI Number: 20-0870165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOS REIS, AILTON  
7927 LANDMARK CIRCLE  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

DOS REIS, AILTON  
2854 MUSKY MINT DR  
LAND O LAKES, FL 34638 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: AILTON DOS REIS

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOS REIS, AILTON  
Address: 7927 LANDMARK CIRCLE  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: GOMES, ADELAIDE  
Address: 7927 LANDMARK CIRCLE  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOS REIS, AILTON  
Address: 2854 MUSKY MINT DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: VP (X) Change ( ) Addition  
Name: GOMES, ADELAIDE  
Address: 2854 MUSKY MINT DR  
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AILTON DOS REIS

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date