2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

NAME	DOCUMENT # P040000 1. Entity Name DOS REIS SERVICES, INC.	48271				Secretai	y or s
Sules, Appl. # old. Sules	2854 MUSKY MINT DR	2854 MUSKY MINT DR					
City & State Coy & State Coy & State Coy & State Coy & State Country Coun	2. Principal Place of Susiness - No P.O. Box #	3. Mailing Address	**** ******				
20-0870165 None and Address of Current Registered Agent S.15 Auditional Fee Required S.	Suite, Apt. #. etc.	Suite, Apt. #. etc.		03272008	Chg-P	CR2E034 (12/06))
2/p Country S. Certificate of Status Beared S. \$2.75 Academul Sea Required G. Name and Address of Gurrant Registered Agent 7. Name and Address of New Registered Agent 8. The above named of the registered Agent 9. Dos Resis Aut TON 2. Street Address (P.O. Box Number is Not Acceptable) Single Address (P.O. Box Number is Not Acceptable) The above named of recipient agent and the Lagoticals 1. The above named of the registered Agent 4. The above named	City & State	City & State				1 	
S. Name and Address of Current Registered Agent Name	Zip Country	Zıp	Country			□ \$8.75 Ac	ditional
DOS REIS ALLTON ZERS MUSKY MINT DR 3. The above named subsection obligates and properties from purpose of changing its registered affice or registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered agent, or both, in the State of Fonda. I am termian with, and accell to obligatory and registered with a section Company of the composition of the co	6. Name and Address of Cur	rent Registered Agent	Name	7. Name and	Address of New R		
City FL Zip Code 8. The above named state address to purpose of changing its registered office or registered agent, or both, in the State of Fronds Tam farmler with, and accertific continuous and state of Fronds Tam farmler with, and accertification of the purpose of changing its registered agent, or both, in the State of Fronds Tam farmler with, and accertification SGNATURE	2854 MUSKY MINT DR			ess (P.O. Box Number	is Not Acceptable))	
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TLE NOWN FEE IS \$150.00 ARTOR May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DOS REIS, ALLTON Delete TITLE U100010832505 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. The Top Contribution The Title U100010832505 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS	SIGNATURE						
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AME STREET ADDRESS STY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STY-ST-ZIP 2. I hereby certify that the information indicated on this report as supplied with the information indicated on this report as supplied entail ripport is the 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 of the region of the region of the same legal effect as if made under oath; that I am an officer or director of the corporation of the region of the same legal effect as if made under oath; that I am an officer or director of the corporation of the region of the same legal effect as if made under oath; that I am an officer or director of the corporation of the region of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the sam of the same legal effect as if made under oath; the same legal	ITLE IAME TREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
TREET ADDRESS ITY-ST-ZIP 2. I hereby certify that the information supplied with the time does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplied supplied 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 of the present of trustage made 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 of the present of trustage made and that my name appears in Block 10 or Block 11 changed, or on at automatic with an address, with all other like empowered.	AME Treet Address	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
indicated on this reported substitute and tiskes 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 of the present of trustagement to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on at automost with an appears, with all other like empowered.	AME TREET ADDRESS	☐ Defete	NAME STREET ADDRESS			☐ Change	Addilion
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