2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# P04000071748

Entity Name: CAMPINAS SERVICES, CORP.

Current Principal Place of Business:

4041 RAINBOW DRIVE
FORT MYERS, FL 33916

New Principal Place of Business:

5369 HAWKS LANDING DR UNIT 107
FORT MYERS, FL 33907 US

Current Mailing Address:

4041 RAINBOW DRIVE
FORT MYERS, FL 33916

New Mailing Address:

5369 HAWKS LANDING DR UNIT 107
FORT MYERS, FL 33907 US

FEI Number: 20-1082306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PASSERI, RICCIOTTI
Address: 4041 RAINBOW DRIVE
City-St-Zip: FORT MYERS, FL 33916

Title: VD (X) Delete
Name: SIQUEIRA, AILTON
Address: 1825 LINHART AVE., LOT 118
City-St-Zip: FORT MYERS, FL 33901

Title: STD (X) Delete
Name: MOYER, BENEDITA M
Address: 2045 HIGHES PARK ST., #8
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PASSERI, RICCIOTTI
Address: 5369 HAWKS LANDING DR UNIT 107
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICCIOTTI PASSERI PD 02/14/2005

Electronic Signature of Signing Officer or Director Date