

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000073871

FILED
Sep 29, 2008
Secretary of State

Entity Name: VITORIA PRO SERVICES, CORP.

Current Principal Place of Business:

5762 NW ZENITH DR
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5762 NW ZENITH DR
PORT SAINT LUCIE, FL 34896

New Mailing Address:

3203 ROBBINS RD
POMPANO BEACH, FL 33062

FEI Number: 20-1094502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFREITAS, ALESSANDRO
5762 NW ZENITH DR
PORT SAINT LUCIE, FL 34896 US

Name and Address of New Registered Agent:

DEFREITAS, ALESSANDRO L PVST
5762 NW ZENITH DR
PORT SAINT LUCIE, FL 34896 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: ALESSANDRO DEFREITAS

09/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DEFREITAS, ALESSANDRO
Address: 5762 NW ZENITH DR
City-St-Zip: PORT SAINT LUCIE, FL 34896

Title: D (X) Delete
Name: DEFREITAS, ALESSANDRO
Address: 5762 NW ZENITH DR
City-St-Zip: PORT SAINT LUCIE, FL 34896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DEFREITAS, ALESSANDRO L PVST
Address: 5762 NW ZENITH DR
City-St-Zip: PORT SAINT LUCIE, FL 34896

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

I hereby certify that the information supplied with this filing does not qualify 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: ALESSANDRO DEFREITAS

PVST

09/29/2008

Electronic Signature of Signing Officer or Director

Date