2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000080564 1. Entity Name MOREIRA'S DECK SERVICES INC.

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90121 025 ***150.00

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Principal Place of Business			Mailing Address			\dashv						
8909 COVERED BRIDGE CT TAMPA, FL 33634 US			8909 COVERED BRIDGE CT TAMPA, FL 33634 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04272005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State				4. FEI Numb	-127 049	72		olied For Applicable	
Zip	Country		z	Zip Country		ntry		e of Status Desired		8.75 Addi	tional	
6. Name and Address of Current				gistered Agent			7. Name and	7. Name and Address of New Registered Agent				
						Name						
TREJO, CLAUDIA F 3401 LINDSEY ST DOVER, FL 33527						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 obligat	ions of regis	itered agent.									1	
SIGNATURESignature, typed or printed name of registered agent and tile it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
		rest or change	1		i Fi		*F 00 · · ·				-	
		FEE IS \$150.00 5 Fee will be \$550.	00	Election Campa Trust Fund Con			\$5.00 May Be Added to Fees					
10.		OFFICERS AND	DIREC	TORS	11.		ADDITIONS	I S/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	PD Dele				TITL	LE				☐ Change	☐ Addition	
NAME	MOREIRA, JULIO G					ME						
STREET ADDRESS		VERED BRIDGE CT				REET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33634					Y-ST-ZIP						
TITLE	TD			☐ Delete TITL						Change	☐ Addition	
NAME STREET ADDRESS	MOREIRA, SOILA 8909 COVERED BRIDGE CT				NAM	ME REET ADDRESS						
CITY-ST-ZIP	1					Y-ST-ZIP						
TITLE				☐ Delete TITLE		LE				☐ Change	☐ Addition	
NAME					NAM	ME						
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP					cm	Y-ST-ZIP	<u></u>					
TITLE				☐ Delete	TITI	1				Change	☐ Addition	
NAME					NA)	ME REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP						
TITLE				☐ Delete	TITI	IF.				☐ Change	☐ Addition	
NAME				Doint	NAI						_	
STREET ADDRESS					STE	REET ADDRESS						
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TITLE				☐ Delete	TIT	I .				☐ Change	☐ Addition	
NAME					NAI							
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP	<u> </u>		vi- 41-1- **			Y-ST-ZIP	in Contine 450 0710	NIVIN Elevision Charles	a 1 fethan a	if the short the '-	oformation.	
12. I hereby indicated	certify that t f on this rep	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 receive 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR