

FROM : LAZARUS

FAX NO. : 3052201440

Dec. 20 2005 11:39AM P1

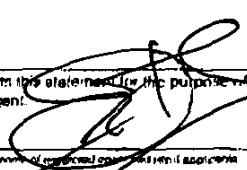
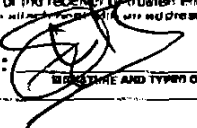
2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12202005 REIN-P CR2E088 (R/04)

DOCUMENT # P04000103542					
1. Entity Name NAR GENERAL SERVICES, INC.					
Principal Place of Business 6473 SW 8 STREET MIAMI, FL 33144			Mailing Address 6473 SW 8 STREET MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1355577	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$8.75	
8. Name and Address of Current Registered Agent LINARES, RIBER C 6473 SW 8 STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 obligations of registered agent.					
SIGNATURE  12-20-05					
NOTE: Registered Agent signatures required when re-registering.					
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 807.183(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LINARES, RIBER C		NAME		
STREET ADDRESS	5875 SW 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUTIERREZ, ALDO		NAME		
STREET ADDRESS	12820 SW 25 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GLAVIS, MAYIBE		NAME		
STREET ADDRESS	17125 NORTH BAY RD APT 3412		STREET ADDRESS		
CITY-ST-ZIP	SONNY ISLAND BEACH, FL 33100		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 supplement 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 registered agent empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if registered, or on an additional page, and address, with all other persons empowered.					
SIGNATURE: 			12-20-05		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF EACH OFFICER OR DIRECTOR			Date		