

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000141459

Entity Name: PERFECTION SERVICES COMPANY

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

3009 SW 5TH AVE.
CAPE CORAL, FL 33914

New Principal Place of Business:

7986 SANDWOOD CIRCLE W
FORT MYERS, FL 33908

Current Mailing Address:

3009 SW 5TH AVE.
CAPE CORAL, FL 33914

New Mailing Address:

7986 SANDWOOD CIRCLE W
FORT MYERS, FL 33908

FEI Number: 20-1744167

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.
POMPAÑO BCH, 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: TAX HOUSE CORPORATION

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: PD () Delete
Name: CRUZ, JOAO D
Address: 3009 SW 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: MENDES, PATRICIA
Address: 3009 SW 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUZ, JOAO D
Address: 7986 SANDWOOD CIRCLE W
City-St-Zip: FORT MYERS, FL 33908

Title: VD (X) Change () Addition
Name: MENDES, PATRICIA
Address: 7986 SANDWOOD CIRCLE W
City-St-Zip: FORT MYERS, FL 33908

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: JOAO D CRUZ

P

10/07/2005

Electronic Signature of Signing Officer or Director

Date