2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021954

Entity Name: FILOVICK INVESTMENTS & SERVICES INC

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Busir	New Principal Place of Business:	
327TH NE 118 TERRACE MIAMI, FL 33161		327TH NE 118 TERRACE MIAMI, FL 33161 US		
Current Mailing Address:		New Mailing Address:		
327TH NE 118 TERRACE MIAMI, FL 33161		327TH NE 118 TERRACE MIAMI, FL 33161 US		
FEI Number: 59-3797854 FEI N	lumber Applied For()	FEI Number Not Applicable () Certif	icate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New R	Name and Address of New Registered Agent:	
CRISOLOGO, FLOR 327TH NE 118 TERRACE MIAMI, FL 33161 US				
The above named entity submit in the State of Florida.	s this statement for the p	ourpose of changing its registered office o	r registered agent, or both	
SIGNATURE:				
0.0.0.0.0.	nature of Registered Age		Date	

OFFICERS AND DIRECTORS:

MIAMI, FL 33161

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33161 US

Title: () Delete Title: (X) Change () Addition ABAD, NOE ABAD, JOSE Name: Name: 327TH NE 118 TERRACE 327TH NE 118 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33161 US Title: () Delete Title: (X) Change () Addition ABAD, NOE ABAD, JOSE Name: Name: Address: Address: 327TH NE 118 TERRACE 327TH NE 118 TERRACE MIAMI, FL 33161 MIAMI, FL 33161 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: CRISOLOGO, FLOR Name: CRISOLOGO, FLOR Address: 327TH NE 118 TERRACE Address: 327TH NE 118 TERRACE

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.

City-St-Zip:

SIGNATURE: JOSE ABAD P 03/03/2008