2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008
Secretary of State

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Entity Name: PROFESSIONAL TRIM SERVICES, CORP.

Current Principal Place of Business:

204 KALAFER LN
FORT PIERCE, FL 34947 US

New Principal Place of Business:

204 KALAFER LANE
FORT PIERCE, FL 34947 US

Current Mailing Address:

204 KALAFER LN
FORT PIERCE, FL 34947 US

New Mailing Address:

204 KALAFER LANE
FORT PIERCE, FL 34947 US

FEI Number: 20-2503630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, MARCELO B
204 KALAFER LN
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

SILVA, MARCELO B
204 KALAFER LANE
FORT PIERCE, FL 34947 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: MARCELO B. SILVA 08/01/2008
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: PD ( ) Delete
Name: SILVA, MARCELO B
Address: 204 KALAFER LN
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D ( ) Delete
Name: SILVA, FABRICIO B
Address: 204 KALAFER LN
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D ( ) Delete
Name: DOS SANTOS DIAS, RIVELINO
Address: 106 ROCKLAND DR.
City-St-Zip: FORT PIERCE, FL 34947 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, MARCELO B
Address: 204 KALAFER LANE
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D (X) Change ( ) Addition
Name: SILVA, FABRICIO B
Address: 204 KALAFER LANE
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D (X) Change ( ) Addition
Name: DIAS, RIVELINO S
Address: 106 ROCKLAND DR.
City-St-Zip: FORT PIERCE, FL 34947 US

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: MARCELO B. SILVA PD 08/01/2008
Electronic Signature of Signing Officer or Director Date