2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051515

Entity Name: ELIZEU SERVICES, INC

Address:

City-St-Zip:

801 MACKENZIE CIR.

ST. AUGUSTINE, FL 32092

FILED Mar 13, 2008 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	ENZIE CIRCLE STINE, FL 3209	92 US				
Current M	ailing Address	:	New Mailir	ng Address:		
	ENZIE CIRCLE STINE, FL 3209	92 US				
FEI Number	20-2636638	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired	()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:		
	EDIA CORPORA ST AUGUSTINE	=				
	VILLE, FL 3225	7 US				
	named entity su e of Florida.	bmits this statement for the	e purpose of changing it	s registered office or registered agent, o	or both,	
SIGNATU	RE:					
	Electronic	Signature of Registered A	gent	Date		
Election Car	npaign Financing ⁻	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E ELIZEU, EMANUE 801 MACKENZIE ST. AUGUSTINE,	CIR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () D DA SILVA, DAVID 801 MACKENZIE ST. AUGUSTINE,	CIR.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition NEVES, JOSE E 801 MACKENZIE CIR. ST. AUGUSTINE, FL 32092 US		
Title: Name: Address: City-St-Zip:	S () E BAHIA, ELIOMAR 801 MACKENZIE ST. AUGUSTINE,	CIR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	S (X) E DOS SANTOS, FU	Delete JLGENCIO	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: EMANUEL ELIZEU P 03/13/2008