

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057618

Entity Name: BANDEIRAS SERVICES, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

5146 RILKE LANE
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

2441 CHALIMAR TER
NORTH PORT, FL 34286 US

Current Mailing Address:

5146 RILKE LANE
PORT CHARLOTTE, FL 33981 US

New Mailing Address:

2441 CHALIMAR TER
NORTH PORT, FL 34286 US

FEI Number: 20-2706313

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 ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 SCLEVELAND AVE
DEERFIELD BEACH, FL 33441 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: TAX HOUSE CORPORATION

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VASCONCELOS SILVA, LEIA C
Address: 5146 RILKE LN
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP () Delete
Name: BANDEIRA, JOSE O
Address: 5146 RILKE LN
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: VILLEGAS, FABIAN
Address: 5146 RILKE LN
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VASCONCELOS SILVA, LEIA C
Address: 2441 CHALIMAR TER
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change () Addition
Name: BANDEIRA, JOSE O
Address: 2441 CHALIMAR TER
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: VASCONCELOS, JOAO B
Address: 2441 CHALIMAR TER
City-St-Zip: NORTH PORT, FL 34286

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: LEIA C VASCONLELOS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date