

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000059673

**FILED**  
**Jun 13, 2007**  
**Secretary of State**

**Entity Name:** AS WOODWORK SERVICES INC

**Current Principal Place of Business:**

640 CYPRESS CLUB WAY  
G  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

3890 NW 3RD AVE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

640 CYPRESS CLUB WAY  
G  
POMPANO BEACH, FL 33064

**New Mailing Address:**

3890 NW 3RD AVE  
POMPANO BEACH, FL 33064

**FEI Number:** 20-2716469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CSG - CAPITAL SERVICES GROUP INC  
822 SE 9TH ST - PALM PLAZA  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
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: CSG

06/13/2007

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: PDS ( ) Delete  
Name: DE SOUZA, ADILSON  
Address: 640 CYPRESS CLUB WAY #G  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: DE SOUZA, ADILSON  
Address: 3890 NW 3RD AVE  
City-St-Zip: POMPANO BEACH, FL 33064

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: ADILSON DE SOUZA

PDS

06/13/2007

Electronic Signature of Signing Officer or Director

Date