

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082085

Entity Name: BR GENERAL SERVICES INC.

FILED
Sep 18, 2009
Secretary of State

Current Principal Place of Business:

321 NW 17TH AVE
POMPANO BEACH, FL 33069 US

Current Mailing Address:

321 NW 17TH AVE
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

595 JEFFERSON DRIVE
UNIT 103
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

595 JEFFERSON DRIVE
UNIT 103
DEERFIELD BEACH, FL 33442 US

FEI Number: 20-2967825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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:

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: LOPES, ALMIR C
Address: 321 NW 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VPD () Delete
Name: LOPES, MARLI S
Address: 321 NW 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPES, ALMIR C
Address: 595 JEFFERSON DRIVE UNIT 103
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VPD (X) Change () Addition
Name: LOPES, MARLI S
Address: 595 JEFFERSON DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442 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: ALMIR C LOPES

PD

09/18/2009

Electronic Signature of Signing Officer or Director

Date