2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P05000093454

Entity Name: CGPS ACCOUNTING SERVICES INC

Current Principal Place of Business:

2900 14TH ST. N.
SUITE 35
NAPLES, FL 34103

New Principal Place of Business:

4736 GOLDEN GATE PARKWAY
SUITE E
NAPLES, FL 34116

Current Mailing Address:

2900 14TH ST. N.
SUITE 35
NAPLES, FL 34103

New Mailing Address:

4736 GOLDEN GATE PARKWAY
SUITE E
NAPLES, FL 34116

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAZ, CHRISTIAN G
2900 14TH ST. N.
SUITE 35
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

PAZ, CHRISTIAN G
4736 GOLDEN GATE PARKWAY
SUITE E
NAPLES, FL 34116 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: CHRISTIAN PAZ 03/17/2009
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: P ( ) Delete
Name: PAZ, CHRISTIAN G
Address: 2900 14TH ST. N. SUITE 35
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Delete
Name: URQUIZO, PAOLA
Address: 2900 14TH ST. N. SUITE 35
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAZ, CHRISTIAN
Address: 4736 GOLDEN GATE PARKWAY SUITE E
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTIAN PAZ P 03/17/2009
Electronic Signature of Signing Officer or Director Date