2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P05000099111 1. Entity Name 04-18-2006 90091 005 ***150.00 FERREIRA'S SERVICES, CORP. Principal Place of Business Mailing Address 6800 NW 39TH AVE #132 COCONUT CREEK FL 33073 6800 NW 39TH AVE #132 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address 3530 WEST HILLSBORD BLUD 3530 WEST HILLSBOROBLUD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) APT # City & State City & State 4. FEI Number Applied For EIN 20-31500 X2 COCONUT COCONUT (REEK X Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33073-2110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERREIRA RA IMUNDO FERREIRA, RENATA M. P. 6800 NW 39TH AVE #132 Street Address (P.O. Box Number is Not Acceptable) 35 30 WEST HILLS BORD RLVD COCONUT CREEK FL 33073 COLONUT (REELL 8. 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change . TITLE PD Delete TITLE Addition FERREIRA, RA, IN VNDO E. FERREIRA, RENATA M. P. NAME NAME 3530 WEST HILLSBO APT = 107 STREET ADDRESS STREET ADDRESS 6800 NW 39TH AVE #132 CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP ППЕ VD ☐ Delete TITLE ☐ Addition NAME FERREIRA, RAIMUNDO E STREET ADDRESS STREET ADDRESS 6800 NW 39TH AVE #132 CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-7/P ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED