


year
2008

**FOR PROFIT CORPORATION
REINSTATEMENT**

Page 1082

DOCUMENT # P06000034296	
1. Entity Name CANALES SERVICES Inc.	

Principal Place of Business 363 NW 45th St. Fort Lauderdale, FL 33309	Mailing Address
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 JUN -9 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FL 06104

REINSTATEMENT 07-08

02042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent Armando M. CANALES 363 NW 45th STREET Fort Lauderdale FL - 33309	
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4. FEI Number 20-4447470	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ARMANDO M. CANALES DATE 03/28/07
Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete President Armando M. CANALES 363 NW 45th St Fort Lauderdale FL - 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000122716640 04/09/08--01026--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: ARMANDO M. CANALES DATE 03/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

206/10

CANALES SERVICES INC
363NW 45TH STREET
OAKLAND PARK FL 33309

MARCH 19, 2008

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: CANALES SERVICES INC P06000034296 year 2007-2008

Dear Sir or Madam:

Please be advised that the above mentioned uniform business reports were never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the Corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00 per year.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,

x **ARMANDO M. CANALES**
Armando A Canales
President

AC/aj