
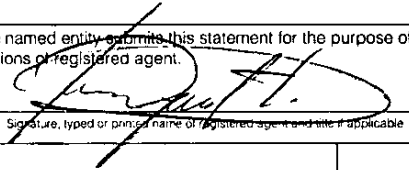


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 SEP 18 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000042955			
1. Entity Name GRD UNLIMITED SERVICES INC			
Principal Place of Business 4455 SUNBEAM RD 6 JACKSONVILLE, FL 32257		Mailing Address 4455 SUNBEAM RD 6 JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # 2778 TANCY Avenue		3. Mailing Address 2778 TANCY Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Middleburg, FL		City & State Middleburg, FL	
Zip 32068	Country USA	Zip 32068	Country USA
4. FEI Number 20-5041280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, LUIS A 4638 SHELBY AVE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name DOGLIOTTI, Rodolfo G Street Address (P.O. Box Number is Not Acceptable) 2778 TANCY Avenue City Middleburg FL Zip Code 32068	
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 		DATE 9/8/2008	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOGLIOTTI, RODOLFO G 4455 SUNBEAM RD NO 6 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOGLIOTTI, Rodolfo G 2778 TANCY Avenue Middleburg FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALES, ANA M 4455 SUNBEAM RD NO 6 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALES Ana M 2778 TANCY Avenue Middleburg FL 32068 <input checked="" 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	200136095892 09/18/08--01038--004 **300.00 <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
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
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: 		Date 9/8/2008 Daytime Phone # 904-200-5124	