2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2007
Secretary of State

DOCUMENT# P06000058562

Entity Name: A.V. BROTHERS SERVICES, CORP.

Current Principal Place of Business:

615 SOUTH STATE RD 7 SUITE 1-B
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

615 SOUTH STATE RD 7 SUITE 1-B
MARGATE, FL 33068

New Mailing Address:

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

Name and Address of Current Registered Agent:

VELASCO, INES ALBERTO
615 SOUTH STATE RD 7 SUITE 1-B
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

VELASCO, INES A
615 SOUTH STATE RD 7 SUITE 1-B
MARGATE, FL 33068 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: INES A VELASCO 10/13/2007
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: PTD ( ) Delete
Name: VELASCO, INES ALBERTO
Address: 615 SOUTH STATE RD 7 SUITE 1-B
City-St-Zip: MARGATE, FL 33068

Title: VPD ( ) Delete
Name: DE LOERA, ADELAIDA
Address: 615 SOUTH STATE RD 7 SUITE 1-B
City-St-Zip: MARGATE, FL 33068

Title: SD ( ) Delete
Name: QUINTERO, ADRIANA
Address: 615 SOUTH STATE RD 7 SUITE 1-B
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: INES A. VELASCO P 10/13/2007
Electronic Signature of Signing Officer or Director Date