

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106434

FILED
Apr 29, 2008
Secretary of State

Entity Name: NABELLA SERVICES CORP

Current Principal Place of Business:

1023 ACROFT AVE
LEHIGH ACRES, FL 33971

New Principal Place of Business:

5514 BEAUTY ST
LEHIGH ACRES, FL 33971

Current Mailing Address:

1023 ACROFT AVE
LEHIGH ACRES, FL 33971

New Mailing Address:

5514 BEAUTY ST
LEHIGH ACRES, FL 33971

FEI Number: 20-5375397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONCALVES, RONIUDSSON
1023 ACROFT AVE
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

GONCALVES, RONIUDSSON
5514 BEAUTY ST
LEHIGH ACRES, FL 33971 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: RONIUDSSON GONCALVES

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONCALVES, RONIUDSSON
Address: 1023 ACROFT AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: DE SOUZA, LEZIA F
Address: 1023 ACROFT AVE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONCALVES, RONIUDSSON
Address: 5514 BEAUTY ST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change () Addition
Name: DE SOUZA, LEZIA F
Address: 5514 BEAUTY ST
City-St-Zip: LEHIGH ACRES, FL 33971

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: RONIUDSSON GONCALVES

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date