## FILED Feb 04, 2008 8:00 am Secretary of State 02-04-2008 90051 006 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION

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DOCUMENT # P07000099726				22				
Entity Name								
ALUVI INVESTIGATIVE SERVICES INC					ma21			
				<u>~</u>   4001	7421			
Principal Place of Business Mailing Address			_					
3164 LOST CREEK DRIVE Cantonment, FL 32533 US		3164 LOST CREEK DRIV CANTONMENT, FL 3253						
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Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numl	081640		oplied For ot Applicable	
Zip	Country	Zip	Country	1 - 1	e of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
FLORIDA-INCORPORATIONS.NET INC 6574 NORTH STATE ROAD 7			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
#401 COCONUT CREEK, FL 33073								
			City			FL Zip Cod	le	
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.								
DOMATURE								
SIGNATURE Signature, typerilor printed name of registered agent and bland applicable. (NOTE: Registered Agent signature recurred other reliquating) DATE								
		9. Election Campaig	on Financino	\$5.00 May Be				
FIL After Ma	E NOW!!!  FEE !S \$150.00 ay 1, 2008 Fee will be \$550.			Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	L S/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
HAME	SAVAGE, JIMMIE		HAME					
STREET ADORESS CITY-ST-ZIP	3164 LOST CREEK DRIVE CANTONMENT, FL 32533		STREET ADORESS CITY-ST-ZIP				ļ	
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NAME			HAME					
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CITY-ST-ZIP			CITY-S1-ZIP	······································		[ ] Change	Addition	
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CITY-ST-ZIP		Data.	_8			Change	☐ Addition	
THTLE		☐ Delete	TITLE NAME			Grange		
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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.