

PO9000002329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

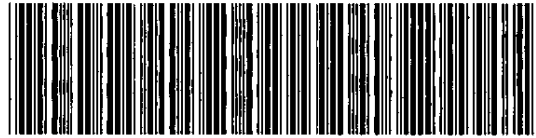
(Business Entity Name)

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EM
9/28

September 22nd, 2009.

To:
Florida Department of State
Division of Corporation
FAX: 850-245-6897

Dear Madam /Sir:

We would like to ask you, please, to change the following address for the Company:

JOSE ANJO PROFESSIONAL SERVICES, CORP. (P09000002329)

Principal and Mailing Address:

Previous: 900 NW 45TH STREET APT.302 POMPANO BEACH, FL 33064

Current: 901 E SAMPLE RD SUITE S POMPANO BEACH, FL 33064.

Best Regards,


Jose Carlos de Oliveira
President

9/28