2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090236

5829 AURORA CT

LAKE WORTH, FL 33463 US

Address:

City-St-Zip:

Entity Name: BUSINESS SERVICE GIRON CORP

FILED May 08, 2008 Secretary of State

Littly Nan	ile. DOSINES	3 SERVICE GIRON CORF.				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
5829 AURO LAKE WOF	ORA CT RTH, FL 33463	3				
Current M	ailing Addres	s:	New Mailii	New Mailing Address:		
5829 AURO LAKE WOF	ORA CT RTH, FL 33463	3				
FEI Number:	65-0970355	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ABREU, ANA P 5829 AURORA CT LAKE WORTH, FL 33463 US			5829 AÚRC	ABREU, JUAN M 5829 AURORA CT LAKE WORTH, FL 33463 US		
The above in the State		ubmits this statement for the pu	irpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR	RE: JUAN M. A	ABREU		05/08/2008		
	Electroni	c Signature of Registered Ager	nt		Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice	э.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ABREU, PEDRO 5829 AURORA (LAKE WORTH, I	CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ABREU, JUAN M 5829 AURORA (LAKE WORTH, I	CT CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ABREU, ANA P 5829 AURORA (LAKE WORTH, I		Title: Name: Address: City-St-Zip:	CASTILLO, AN 5829 AURORA		
Title: Name:	T (X) MATOS ABREU.	Delete RAFAEL A	Title: Name:	() Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUAN M. ABREU VP 05/08/2008