

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008349

FILED
Feb 26, 2009
Secretary of State

Entity Name: ASSISTED EMPLOYMENT SERVICES, INC.

Current Principal Place of Business:

14629 SW 104 ST., #213
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14629 SW 104 ST., #213
MIAMI, FL 33186

New Mailing Address:

FEI Number: 80-0252654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, ROBERT D
14629 SW 104 ST., #213
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

DEL CASTILLO, ROBERT D
14629 SW 104 ST., #213
MIAMI, FL 33186 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: ROBERT D. DELCASTILLO 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTILLO, ROBERT D
Address: 14629 SW 104 ST., #213
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CASTILLO, HELEN D
Address: 19701 SW 110 CT., #740
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: ANDREU, MARITERE
Address: 5099 NW 7TH,#1103
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEL CASTILLO, ROBERT D
Address: 14629 SW 104 ST., #213
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: DEL CASTILLO, HELEN D
Address: 19701 SW 110 CT., #740
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: ANDREU, MARITERE
Address: 14629 SW 104 ST., #213
City-St-Zip: MIAMI, FL 33186

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. DELCASTILLO D 02/26/2009
Electronic Signature of Signing Officer or Director Date