## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000063687

Entity Name: CONQUEST TECHNOLOGIES SERVICES CORP

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
200 SE 1S SUITE 400 MIAMI, FL							
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
200 SE 1S SUITE 400 MIAMI, FL							
FEI Number:	80-0218101	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desir	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SASTRE, JON J 200 SE 1ST STREET SUITE 400 MIAMI, FL 33131 US			1801 PON	JOHN HERRERA, P.A. 1801 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US			
The above in the State		submits this statement for the p	urpose of changing i	ts registered o	office or registered agent	, or both,	
SIGNATURE: JOHN HERRERA				02/04/2009			
	Electron	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SASTRE, JON	REET SUITE 400	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	COTE, DENNIS	Delete REET SUITE 400 31	Title: Name: Address: City-St-Zip:	COTE, DENNIS	TREET SUITE 400		
Title: Name: Address: City-St-Zip:	TOSADO, BENJ	REET SUITE 400	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: Citv-St-Zip:	( )	Delete	Title: Name: Address: Citv-St-Zip:	STEEN, JOSE	TREET SUITE 400		

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: DENNIS J COTE VP 02/04/2009