

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000059592

**Entity Name:** AMILEN SERVICES INC.

**Current Principal Place of Business:**

4160 TWILIGHT TRAIL  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4160 TWILIGHT TRAIL  
KISSIMMEE, FL 34746

**FEI Number:** 20-4724972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAZARIEGOS, AMILCAR E  
4160 TWILIGHT TRAIL  
KISSIMMEE, FL 34746 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PTS  
Name            MAZARIEGOS, AMILCAR E  
Address        4160 TWILIGHT TRAIL  
City-State-Zip: KISSIMMEE FL 34746

Title            VP  
Name            ALVAREZ, ELLEN  
Address        4160 TWILIGHT TRAIL  
City-State-Zip: KISSIMMEE FL 34746

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMILCAR MAZARIEGOS

**PRESIDENT**

**04/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date