

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000550

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** CALL CENTER OPERATIONS MANAGEMENT, INC.

**Current Principal Place of Business:**

1100 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1100 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 20-0227391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOOD, LARRY  
Address: 1100 W. COMMERCIAL BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PST  
Name: RAMIREZ, MARLA  
Address: 1100 W. COMMERCIAL BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: MARLA RAMIREZ

P

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date