2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F98000001841

Entity Name: CONSUMER ASSIST NETWORK ASSOCIATION, INC.

Current Principal Place of Business:

C/O ARTHUR W HEGGEN
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Principal Place of Business:

11222 QUAIL ROOST DRIVE
C/O JEANNIE ARAGON-CRUZ
MIAMI, FL 33157

Current Mailing Address:

C/O ARTHUR W HEGGEN
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Mailing Address:

11222 QUAIL ROOST DRIVE
C/O JEANNIE ARAGON-CRUZ
MIAMI, FL 33157

FEI Number: 65-0597011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BECERRA, MANUEL J
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DAS ( ) Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete
Name: BECERRA, MANUEL
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: STOCKER, WENDALL
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: LAMNIN, ADAM
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TOURAL, AMELIA
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEANNIE ARAGON-CRUZ S 02/04/2009

Electronic Signature of Signing Officer or Director — Date