

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37738

FILED
May 06, 2008
Secretary of State

Entity Name: COMPLEX BUSINESS SERVICES, INC.

Current Principal Place of Business:

6861 S.W. 196 AVE.
SUITE 201-04
FORT LAUDERDALE, FL 33322

New Principal Place of Business:

Current Mailing Address:

6861 S.W. 196 AVE.
SUITE 201-04
FORT LAUDERDALE, FL 33322

New Mailing Address:

FEI Number: 65-0170042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, DONALD
6861 S.W. 196 AVE.
SUITE 201-04
FORT LAUDERDALE, FL 33322 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: P () Delete
Name: MOECKER, MICHAEL
Address: 2233 OVERLOOK DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: S () Delete
Name: KAPLAN, DONALD
Address: 6861 S.W. 196 AVE., #201-04
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTINE K MOECKER

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05/06/2008

Electronic Signature of Signing Officer or Director

Date