

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52261

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: TAMiami AIRPORT SERVICE CENTER, INC.

**Current Principal Place of Business:**

13595 SW 137 AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13595 SW 137 AVE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-0183206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOULOS, JAMES  
13237 SW 44TH LANE  
MIAMI, FL 33175 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: PD ( ) Delete  
Name: BOULOS, JAMES  
Address: 13237 SW 44TH LANE  
City-St-Zip: MIAMI, FL 33175

Title: VD ( ) Delete  
Name: BOULOS, VICTOR JR.  
Address: 4130 SW 124TH AVE  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: BOULOS, RICHARD  
Address: 4130 SW 124TH AVE  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: BOULOS, MARIO  
Address: 4130 SW 124TH AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JAMES BOULOS

PD

04/03/2009

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

\_\_\_\_\_  
Date