

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005594

FILED
Mar 12, 2009
Secretary of State

Entity Name: AWSRC, INC.

Current Principal Place of Business:

550 NW LEJEUNE RD
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

550 NW LEJEUNE RD
MIAMI, FL 33126

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, RAY
550 NW LEJEUNE RD
MIAMI, FL 33126 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 () Delete
Name: UTRACHI, GERALD D
Address: 4313 BYRNES BLVD
City-St-Zip: FLORENCE, SC 29506

Title: D () Delete
Name: LIPPHARDT, EARL C
Address: 950 AVONIA RD
City-St-Zip: FAIRVIEW, PA 16415

Title: D () Delete
Name: LAWSON, EUGENE
Address: 22465 OVERLAKE
City-St-Zip: LAKE FOREST, CA 92630

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD D. UTRACHI

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date