## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010205

Entity Name: SOS GUARDIAN SERVICES, CORP

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

1110 LEXINGTON PARKWAY APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

1110 LEXINGTON PARKWAY APOPKA, FL 32712

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ACOSTA, LESLEY
1110 LEXINGTON PARKWAY
APOPKA, FL 32712 US
RIVERA, NELSA M
1110 LEXINGTON PARKWAY
APOPKA, FL 32712 US
APOPKA, FL 32712 US

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: NELSA RIVERA 03/25/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: ACOSTA, LESLEY Name: RIVERA, NELSA M
Address: 1110 LEXINGTON PARKWAY Address: 1110 LEXINGTON PARKWAY

City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name: RIVERA, NELSA Name: RIVERA, EDIVIER R
Address: 1110 LEXINGTON PARKWAY Address: 1110 LEXINGTON PARKWAY

Address: 1110 LEXINGTON PARKWAY Address: 1110 LEXINGTON PARKWAY
City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: TRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ACOSTA, RICHARD
 Name:

 Address:
 1110 LEXINGTON PARKWAY
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

Title: SEC. (X) Delete Title: ( ) Change ( ) Addition

 Name:
 RIVERA, EDIVIER
 Name:

 Address:
 1110 LEXINGTON PARKWAY
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 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: NELSA RIVERA P 03/25/2009