

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000058392

Entity Name: AMICAL SERVICES, INC.

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

667 BLUE JAY ROAD  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

667 BLUE JAY ROAD  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 65-1093536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENOIT, OVIDE  
667 BLUE JAY ROAD  
DELRAY BEACH, FL 33444 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: PV  
Name: BENOIT, OVIDE  
Address: 667 BLUE JAY ROAD  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 all other like empowered.

SIGNATURE: OVIDE BENOIT

PV

09/15/2011

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

\_\_\_\_\_  
Date