2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# P01000078145

Entity Name: ADVANCE SERVICE CORPORATION

Current Principal Place of Business:

1920 EAST HALLANDALE BEACH BLVD.
SUITE 804
HALLANDALE, FL 33009

New Principal Place of Business:

1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1920 EAST HALLANDALE BEACH BLVD.
SUITE 804
HALLANDALE, FL 33009

New Mailing Address:

1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179

FEI Number: 65-1132539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEINVORTZ, ISAAC
1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179 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: ESQUENAZI, ARI ACHER
Address: 1920 E. HALLANDALE BEACH BLVD., SUITE 804
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: STEINVORTZ-BROMBERG, ISAAC
Address: 1920 E. HALLANDALE BEACH BLVD., SUITE 804
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ESQUENAZI, ARI ACHER
Address: 1942 N OAK HAVEN CIRCLE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VD (X) Change ( ) Addition
Name: STEINVORTZ-BROMBERG, ISAAC
Address: 1929 SOUTH OAK HAVEN CIRCLE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ARI ACHER ESQUENAZI PD 04/11/2009

Electronic Signature of Signing Officer or Director — Date