

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092308

FILED
Jan 19, 2009
Secretary of State

Entity Name: ASSURED OPTIONS SYSTEM, INC.

Current Principal Place of Business:

7154 SW 47 STREET
2ND FLOOR "C"
MIAMI, FL 33155

New Principal Place of Business:

6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33122

Current Mailing Address:

7154 SW 47 STREET
2ND FLOOR "C"
MIAMI, FL 33155

New Mailing Address:

6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33122

FEI Number: 65-1141313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: FRANK, PONCE DE LEON I
Address: 7154 SW 47TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: NISHIWAKI, NICK
Address: 7154 SW 47TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, ROLANDO I
Address: 6101 BLUE LAGOON DRIVE #430
City-St-Zip: MIAMI, FL 33122

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: ROLANDO LOPEZ

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date