

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000092308

FILED
Mar 18, 2009
Secretary of State**Entity Name:** ASSURED OPTIONS SYSTEM, INC.**Current Principal Place of Business:**6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33122**New Mailing Address:****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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LOPEZ, ROLANDO I
Address: 6101 BLUE LAGOON DRIVE #430
City-St-Zip: MIAMI, FL 33122**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: LANGLE, DAVID C
Address: 6101 BLUE LAGOON DRIVE #430
City-St-Zip: MIAMI, FL 33122**Title:** SD (X) Change () Addition
Name: NISHIWAKI, NICK
Address: 6101 BLUE LAGOON DRIVE #430
City-St-Zip: MIAMI, FL 33122

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: DAVID C LANGLE

P/D

03/18/2009

Electronic Signature of Signing Officer or Director

Date