

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116740

Entity Name: VARIETY SERVICES, INC.

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 145105
CORAL GABLES, FL 33114

New Principal Place of Business:

1215 SW 78TH CT
CORAL GABLES, FL 33114

Current Mailing Address:

PO BOX 145105
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 26-0010001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, JOSE R
1215 SW 78TH CT
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

LOPEZ, JRAUL
1215 SW 78TH CT
MIAMI, FL 33144 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: RAUL LOPEZ

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOPEZ, JOSE R
Address: 1215 S W 78TH CT
City-St-Zip: MIAMI, FL 33144

Title: DV () Delete
Name: LOPEZ, WALKIRIA C
Address: 1215 S W 78TH CT
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOPEZ, JRAUL
Address: 1215 S W 78TH CT
City-St-Zip: MIAMI, FL 33144

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: RAUL LOPEZ

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date