

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000002945

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** INFOAGE SERVICES, CORP.

**Current Principal Place of Business:**

934 HARDWICK AVE.  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

934 HARDWICK AVE.  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 80-0023957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAZQUEZ, AMILCAR  
934 HARDWICK AVE.  
ORLANDO, FL 32825 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  
**Name:** VAZQUEZ, AMILCAR  
**Address:** 934 HARDWICK AVE.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** VD  
**Name:** VAZQUEZ, AGLAEE  
**Address:** 934 HARDWICK AVE.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** SD  
**Name:** VAZQUEZ, AMILCAR JR.  
**Address:** 934 HARDWICK AVE.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** TD  
**Name:** VAZQUEZ, FRANK  
**Address:** 934 HARDWICK AVE.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** TD  
**Name:** VAZQUEZ, DAVID  
**Address:** 17720 MIDDLE OAK COURT  
**City-St-Zip:** FORT MYERS, FL 33912

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:** AMILCAR VAZQUEZ

PRES

03/19/2011

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

\_\_\_\_\_  
Date