

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007243

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: COMPLETE CORPORATE SERVICES, INC.

## Current Principal Place of Business:

8286 NW 56 ST  
DORAL, FL 33166

## New Principal Place of Business:

2223 SW 13 AV  
302  
MIAMI, FL 33145 US

## Current Mailing Address:

8286 NW 56 ST  
DORAL, FL 33166

## New Mailing Address:

2223 SW 13 AV  
302  
MIAMI, FL 33145 US

FEI Number: 20-1069520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLESTAS AND ASSOCIATES, INC.  
8286 NW 56 ST  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

BALLESTAS AND ASSOCIATES, INC.  
2223 SW 13 AV  
302  
MIAMI, FL 33145 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: A.BALLESTAS, PRESIDENT

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BALLESTAS, ALINA  
Address: 8286 NW 56 ST  
City-St-Zip: DORAL, FL 33166

Title: SD ( ) Delete  
Name: BALLESTAS, ACHILLES  
Address: 8286 NW 56 ST  
City-St-Zip: DORAL, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BALLESTAS, ALINA  
Address: 2223 SW 13 AV #302  
City-St-Zip: MIAMI, FL 33145

Title: SD (X) Change ( ) Addition  
Name: BALLESTAS, ACHILLES  
Address: 2223 SW 13 AV #302  
City-St-Zip: MIAMI, FL 33145

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: ALINA BALLESTAS

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date