

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000089372

FILED
Aug 04, 2008
Secretary of State

Entity Name: FLORIDA CERTIFIED ELEVATOR INSPECTIONS, INC.

Current Principal Place of Business:

3389 SHERIDAN STREET STE 508
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3389 SHERIDAN STREET STE 508
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-0195854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DONALD W ESQ
2401 PGA BLVD STE 186
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: MAHONEY, KAREN S
Address: 3389 SHERIDAN STREET STE 508
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Delete
Name: WAARDENBURG, THOMAS
Address: 3389 SHERIDAN STREET STE 508
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WAARDENBURG, THOMAS
Address: 3389 SHERIDAN STREET STE 508
City-St-Zip: HOLLYWOOD, FL 33021

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: THOMAS WAARDENBURG

PRES

08/04/2008

Electronic Signature of Signing Officer or Director

Date