

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005498

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: AUDRERTO-FRAMING SERVICES, INC.

## Current Principal Place of Business:

309 CACTUS RD  
SEFFNER, FL 33584 US

## New Principal Place of Business:

508 CAMINO REAL CT APT A  
BRANDON, FL 33510 US

## Current Mailing Address:

309 CACTUS RD  
SEFFNER, FL 33584 US

## New Mailing Address:

508 CAMINO REAL CT APT A  
BRANDON, FL 33510 US

FEI Number: 20-0591903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, AUDRERTO  
309 CACTUS RD  
SEFFNER, FL 33527 US

## Name and Address of New Registered Agent:

MORALES, AUDRERTO  
508 CAMINO REAL CT APT A  
BRANDON, FL 33510 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: AUDRERTO MORALES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORALES, AUDRERTO  
Address: 309 CACTUS RD  
City-St-Zip: SEFFNER, FL 33584 US

Title: VP ( ) Delete  
Name: MORALES, AGUSTIN  
Address: 309 CACTUS RD  
City-St-Zip: SEFFNER, FL 33584 US

Title: S ( ) Delete  
Name: VEGA, BENJAMIN  
Address: 309 CACTUS RD  
City-St-Zip: SEFFNER, FL 33584 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORALES, AUDRERTO  
Address: 508 CAMINO REAL CT APT A  
City-St-Zip: BRANDON, FL 33510 US

Title: VP (X) Change ( ) Addition  
Name: MORALES, AGUSTIN  
Address: 508 CAMINO REAL CT APT A  
City-St-Zip: BRANDON, FL 33510 US

Title: S (X) Change ( ) Addition  
Name: VEGA, BENJAMIN  
Address: 508 CAMINO REAL CT APT A  
City-St-Zip: BRANDON, FL 33510 US

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: AUDRERTO MORALES

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date