

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082676

FILED
Sep 17, 2008
Secretary of State

Entity Name: COMPLETE POS SOLUTIONS, INC.

Current Principal Place of Business:

1320 LOUISIANA AVE.
SUITE D
ST CLOUD, FL 34769 US

New Principal Place of Business:

511 SW SADWICK AVE
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

1320 LOUISIANA AVE.
SUITE D
ST CLOUD, FL 34769 US

New Mailing Address:

511 SW SADWICK AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-1245100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ADOLFO J SR.
2210 JULIANA COURT
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

LOPEZ, ADOLFO J SR.
511 SW SADWICK
PORT SAINT LUCIE, FL 34953 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: ADOLFO

09/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, ADOLFO J SR.
Address: 2210 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

Title: VP () Delete
Name: CAMEJO, ARACELIS MRS.
Address: 2210 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

Title: VP () Delete
Name: RODRIGUEZ, YORLEYDIS
Address: 2210 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, ADOLFO J SR.
Address: 511 SW SADWICK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP (X) Change () Addition
Name: CAMEJO, ARACELIS MRS.
Address: 511 SW SADWICK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: ADOLFO LOPEZ

P

09/17/2008

Electronic Signature of Signing Officer or Director

Date