

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134736

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** ATS, ELEVATOR PRODUCTS & SERVICES, CORP.

**Current Principal Place of Business:**

632 NE 203 LN  
MIAMI, FL 33179

**New Principal Place of Business:**

1834 NE 212 TERRACE  
MIAMI, FL 33179 US

**Current Mailing Address:**

632 NE 203 LN  
MIAMI, FL 33179

**New Mailing Address:**

1834 NE 212 TERRACE  
MIAMI, FL 33179 US

**FEI Number:** 20-1673450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCO, JOSE A  
632 NE 203 LN  
MIAMI, FL 33179 US

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

BLANCO, JOSE A  
1834 NE 212 TERRACE  
MIAMI, FL 33179 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: JOSE A BLANCO

02/26/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLANCO, JOSE A  
Address: 18347 NE 212 TRAIL  
City-St-Zip: MIAMI, FL 33179

Title: VPD ( ) Delete  
Name: DE BLANCO, PAULA M  
Address: 1834 SE 212 TRAIL  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BLANCO, JOSE A  
Address: 1834 NE 212 TERRACE  
City-St-Zip: MIAMI, FL 33179 US

Title: VPD (X) Change ( ) Addition  
Name: DE BLANCO, PAULA M  
Address: 1834 NE 212 TERRACE  
City-St-Zip: MIAMI, FL 33179 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: JOSE A BLANCO

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date