

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139669

FILED
Feb 09, 2009
Secretary of State

Entity Name: INTEGRAL EMERGENCY SOLUTIONS, INC.

Current Principal Place of Business:

7928 NW 66TH STREET
7928
MIAMI, FL 33166

New Principal Place of Business:

6993 NW 82 AVE
BAY 30
MIAMI, FL 33166

Current Mailing Address:

7928 NW 66TH STREET
7928
MIAMI, FL 33166

New Mailing Address:

6993 NW 82 AVE
BAY 30
MIAMI, FL 33166

FEI Number: 20-1894098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, NAHIR F
7928 NW 66TH STREET
7928
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

VARGAS, NAHIR F
6993 NW 82 AVE
BAY 30
MIAMI, FL 33166 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: _____

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, NAHIR F
Address: 7928 NW 66TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGAS, NAHIR F
Address: 6993 NW 82 AVE BAY 30
City-St-Zip: MIAMI, FL 33166

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: NAHIR F. VARGAS

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date