

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149302

Entity Name: TOTAL REP, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

7983 NW 19TH COURT
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

7983 NW 19TH COURT
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 20-1826008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELIS, IVETTE
7983 NW 19TH COURT
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CELIS, MARIA I
7983 NW 19TH COURT
PEMBROKE PINES, FL 33024 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: RAFAEL VILLAMIZAR

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLAMIZAR, RAFAEL
Address: 7983 NW 19TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: S () Delete
Name: CELIS, MARIA I
Address: 7983 NW 19TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA I CELIS

S

03/25/2009

Electronic Signature of Signing Officer or Director

Date