

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112163

FILED
Apr 07, 2009
Secretary of State

Entity Name: COMPLEX SERVICES INTERNATIONAL INC.

Current Principal Place of Business:

2655 S. LE JEUNE RD.
SUITE. 500
CORAL GABLES, FL 33134

New Principal Place of Business:

2655 S. LE JEUNE RD.
SUITE. 579
CORAL GABLES, FL 33134

Current Mailing Address:

2655 S. LE JEUNE RD
SUITE. 500
CORAL GABLES, FL 33134

New Mailing Address:

8306 NW 56 ST
MIAMI, FL 33166

FEI Number: 20-3295194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUINE, MIGUEL
2655 S. LE JEUNE RD
SUITE 500
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

QUINE, MIGUEL
8306 NW 56 ST
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:

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUINE PENA, MIGUEL
Address: 2655 S. LE JEUNE RD.
City-St-Zip: MIAMI, FL 33134

Title: DV () Delete
Name: VAN DE HOVE, ERIC
Address: AVE. 10 DE MAYO VIA PANCE U. SAN B/VENTURA
City-St-Zip: CALI, CO COLOMBIA CO

Title: DTS (X) Delete
Name: ARGOTE, BLANCA
Address: 2655 S. LE JEUNE RD # 500
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete
Name: REVELO MEJIA, EDWIN
Address: CALLE 125 NO. 47-20 L.302
City-St-Zip: BOGOTA, CO COLOMBIA CO

Title: D (X) Delete
Name: VANEGAS, IVAN
Address: 2655 S. LE JEUNE RD.
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete
Name: CHAVES, JOSE FRANCISCO
Address: AVE. 10 DE MAYO VIA PANCE U. SAN B/VENTURA
City-St-Zip: CALI, CO COLOMBIA CO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: QUINE PENA, MIGUEL
Address: 8306 NW 56 ST
City-St-Zip: MIAMI, FL 33166

Title: DTS (X) Change () Addition
Name: BLANCA, ARGOTE
Address: 8306 NW 56 ST
City-St-Zip: MIAMI, FL 33166

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

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

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: MIGUEL QUINE

DP

04/07/2009

Electronic Signature of Signing Officer or Director

Date