

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000047175

FILED
Jun 11, 2009
Secretary of State**Entity Name:** SOUTHWEST FLORIDA TELEMAGEMENT SERVICES, INC.**Current Principal Place of Business:**3446 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 US**New Principal Place of Business:**3444 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 US**Current Mailing Address:**3446 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 US**New Mailing Address:**3444 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 US**FEI Number:** 20-4650317**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASTILLO III, PACIFICO M
3446 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 US**Name and Address of New Registered Agent:**JONATHAN, DAVIS
3444 MARINATOWN LANE
SUITE 26
NORTH FORT MYERS, FL 33903 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: JONATHAN DAVIS

06/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CEO () Delete
Name: RAMIREZ, JOSE R
Address: 22732 HAWK HILL LOOP
City-St-Zip: LAND O'LAKES, FL 34639**Title:** DIR (X) Delete
Name: CASTILLO III, PACIFICO M
Address: 3446 MARINATOWN LANE- SUITE 26
City-St-Zip: NORTH FORT MYERS, FL 33903**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change () Addition
Name: DAVIS, JONATHAN
Address: 2600 S. DOUGLAS RD PH-6
City-St-Zip: CORAL GABLES, FL 33134**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: NICOLE M SACCENTE

DIR

06/11/2009

Electronic Signature of Signing Officer or Director

Date