

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083643

Entity Name: PROENZA'S SERVICES, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

8640 NW 188 TERRACE  
UNIT 3405  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

8640 NW 188 TERRACE  
UNIT 3405  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 20-5106669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASILIO, JOSE D  
1414 NW 107 AVE  
206  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PROENZA ESQUIVEL, OSMANY  
Address: 8640 NW 188 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P ( ) Change (X) Addition  
Name: PROENZA, OSMANY  
Address: 8640 NW 188 TERRACE #3405  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Change (X) Addition  
Name: PROENZA, OSMANY  
Address: 8640 NW 188 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Change (X) Addition  
Name: PROENZA, OSMANY  
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Title: P ( ) Change (X) Addition  
Name: PROENZA, OSMANY  
Address: 8640 NW 188 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Change (X) Addition  
Name: PROENZA, OSMANY  
Address: 8640 NW 188 TERRACE  
City-St-Zip: MIAMI, FL 33015

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: OSMANY PROENZA

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date