

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155631

FILED
Apr 01, 2009
Secretary of State

Entity Name: FLORIDA TREASURE COAST SERVICES INC.

Current Principal Place of Business:

3841 SW RAMSPECK ST
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880721
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 20-8139873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUADALUPE, ESCOBAR
3841 SW RAMSPECK ST
PORT ST LUCIE, FL 34953 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: PTSD () Delete
Name: ESCOBAR, GUADALUPE
Address: 3841 SW RAMSPECK ST
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VM () Delete
Name: DIAZ, KEVIN
Address: 3841 SW RAMSPECK ST
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VM (X) Change () Addition
Name: DIAZ, KEVIN
Address: 4026 SW CHERIBON ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: GUADALUPE ESCOBAR

PTSD

04/01/2009

Electronic Signature of Signing Officer or Director

Date