

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000108792

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE CITY SERVICES, INC

**Current Principal Place of Business:**

6195 WEST 18 AVE  
APT G 109  
HIALEAH, FL 33012

**New Principal Place of Business:**

1702 SW 8 ST  
MIAMI, FL 33135

**Current Mailing Address:**

6195 WEST 18 AVE  
APT G 109  
HIALEAH, FL 33012

**New Mailing Address:**

1702 SW 8 ST  
MIAMI, FL 33135

**FEI Number:** 26-1175441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUJILLO, OSMEL  
6195 WEST 18 AVE  
APT G 109  
HIALEAH, FL 33012 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRUJILLO, OSMEL  
Address: 6195 WEST 18 AVE G 109  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: OSMEL TRUJILLO

OWNE

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date