

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014995

FILED
Sep 16, 2009
Secretary of State

Entity Name: MITIGATION SPECIALISTS OF FLORIDA, INC.

Current Principal Place of Business:

11788 WEST SAMPLE ROAD
SUITE 104
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11788 WEST SAMPLE ROAD
SUITE 104
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-2187564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STREDA, THOMAS
11169 NW 77 PL
PARKLAND, FL 33076 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STREDA, MICHELE L
Address: 11169 NW 77 PL
City-St-Zip: PARKLAND, FL 33076

Title: VP () Delete
Name: STREDA, THOMAS
Address: 11169 NW 77 PL
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS STREDA

VP

09/16/2009

Electronic Signature of Signing Officer or Director

Date