2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046502

Entity Name: CARRASCO'S SERVICES, INC

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8320 NW 103 STREET SUITE 210A

HIALEAH GARDENS, FL 330164657 US

Current Mailing Address: New Mailing Address:

8320 NW 103 STREET P.O.BOX 138945

SUITE 210A HIALEAH, FL 33013 US

HIALEAH GARDENS, FL 330164657 US

FEI Number: 26-2569666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CARRASCO, JOSE A MR
8320 NW 103 STREET
8UITE 210A
CARRASCO, MARIO P
8320 NW 103 STREET
SUITE 210A
SUITE 210A

HIALEAH GARDENS, FL 330164657 US HIALEAH GARDENS, FL 330164657 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: MARIO CARRASCO 01/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: P () Delete Title: P (X) Change () Addition

 Name:
 CARRASCO, JOSE A MR
 Name:
 CARRASCO, MARIO P

 Address:
 8320 NW 103 STREET, SUITE 210A
 Address:
 8320 NW 103 STREET, SUITE 210A

City-St-Zip: HIALEAH GARDENS, FL 330164657 US City-St-Zip: HIALEAH GARDENS, FL 330164657 US

 Title:
 VP
 (X) Delete
 Title:

 Name:
 CARRASCO, MARIO E MR
 Name:

 Address:
 8320 NW 103 STREET, SUITE 210A
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 330164657 US
 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: MARIO CARRASCO P 01/29/2009