

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053782

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** ERICK-S EVENT MANAGEMENT & CLEANING SERVICES INC.

**Current Principal Place of Business:**

94 N. ARBOR DR.  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

94 N. ARBOR DR.  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 26-2682938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ARMINIO, ERICK  
94 N. ARBOR DR.  
ORMOND BEACH, FL 32174 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, D  
Name: ARMINIO, ERICK  
Address: 94 N. ARBOR DR.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S, T  
Name: ARMINIO, ERICK  
Address: 94 N. ARBOR DR.  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: ERICK ARMINIO

PRES

03/25/2012

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

\_\_\_\_\_  
Date