

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067016

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE COMPLETE AMERICAN MARKETING SYSTEM, INC.

Current Principal Place of Business:

701 BRICKELL AVE # 1550
MIAMI, FL 33131

New Principal Place of Business:

2000 N.W 89 TH PL
116
MIAMI, FL 33172

Current Mailing Address:

701 BRICKELL AVE # 1550
MIAMI, FL 33131

New Mailing Address:

2000 N.W 89 TH PL
116
MIAMI, FL 33172

FEI Number: 26-2986006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARANJO, MERCEDES
701 BRICKELL AVE # 1550
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

NARANJO, MERCEDES
2000 N.W 89 TH PL
116
MIAMI, FL 33172 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: MERCEDES.C. NARANJO

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTIERREZ ORTIZ, IVONNE C.
Address: 701 BRICKELL AVE # 1550
City-St-Zip: MIAMI, FL 33131

Title: VST () Delete
Name: NARANJO, MERCEDES
Address: 701 BRICKELL AVE # 1550
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUTIERREZ ORTIZ, IVONNE C.
Address: 2000 N.W 89 TH PL #116
City-St-Zip: DORAL, FL 33172

Title: VST (X) Change () Addition
Name: NARANJO, MERCEDES
Address: 2000 N.W 89 TH PL # 116
City-St-Zip: DORAL, FL 33172

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: IVONNE .C. GUTIERREZ

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date