## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000075491

Entity Name: FLORIDA ENTERPRISE SERVICES INC

FILED Jul 06, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

16969 NW 67 AVENUE SUITE # 201 HIALEAH, FL 33015

**New Mailing Address: Current Mailing Address:** 

16969 NW 67 AVENUE SUITE # 201 HIALEAH, FL 33015

FEI Number: 26-3143359 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:

M & L ENTERPRISES ACCOUNTING AND MORE INC M & L ACCOUNTING SERVICE INC 16969 NW 67 AVENUE 16969 NW 67 AVENUE SUITE # 201 SUITE # 201 HIALEAH, FL 33015 US HIALEAH, FL 33015 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: GLORIA CONTRERAS 07/06/2009

> 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: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition PALACIOS, MANUEL G CONTRERAS, GLORIA PRES Name: Name: 16969 NW 67 AVENUE Address: 16969 NW 67 AVENUE # 201 Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: HIALEAH, FL 33015

Title: () Delete Title: ( ) Change (X) Addition ILLESCAS, GUILLERMO VPRES Name: Name:

Address: Address: 16969 NW 67 AVENUE # 201 HIALEAH, FL 33015 City-St-Zip: 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: GLORIA CONTRERAS **PRES** 07/06/2009

Electronic Signature of Signing Officer or Director

Date