2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077117

Name:

Address: City-St-Zip: COZZO, DAVID

2701 S. BAYSHORE DRIVE, SUITE 401

COCONUT GROVE, FL 33133 US

Entity Name: AEGIS ADMINISTRATIVE SERVICES, INC

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2701 S. BA	YSHORE DR	IVE				
	T GROVE, FL	33133 L	IS			
Current Mailing Address:				New Mailing Address:		
2701 S. BA	YSHORE DR	IVE				
	T GROVE, FL	33133 L	IS			
FEI Number:	: 26-3862525	FEI Numbe	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
401 COCONU ⁻ The above	AYSHORE DR T GROVE, FL named entity : e of Florida.	33133 US	statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature	e of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, D () COZZO, CHAR 2701 S. BAYSH COCONUT GRO	HORE DRIVE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S, T () COZZO, DAVID 2701 S. BAYSH COCONUT GRO	HORE DRIVE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()) Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES COZZO P. D 03/18/2009