

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089907

Entity Name: A.I.O. SERVICES, INC.

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

11527 DECLARATION DR.
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

11527 DECLARATION DR.
TAMPA, FL 33635 US

New Mailing Address:

13911 W. HILLSBOROUGH AVE.
SUITE 304
TAMPA, FL 33635 US

FEI Number: 26-3565780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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

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: P, D () Delete
Name: SUAREZ, TROY
Address: 11527 DECLARATION DR.
City-St-Zip: TAMPA, FL 33635 US

Title: S, D () Delete
Name: SINGER, AMY
Address: 11527 DECLARATION DR.
City-St-Zip: TAMPA, FL 33635 US

Title: T () Delete
Name: SUAREZ, TROY
Address: 11527 DECLARATION DR.
City-St-Zip: TAMPA, FL 33635 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TROY SUAREZ

P.D

09/15/2009

Electronic Signature of Signing Officer or Director

Date