

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000069579

Entity Name: ALTAMONTE SERVICES, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5847 SAN FELIPE  
SUITE 4650  
HOUSTON, TX 77057

## **New Principal Place of Business:**

## **Current Mailing Address:**

5847 SAN FELIPE  
SUITE 4650  
HOUSTON, TX 77057

## **New Mailing Address:**

FEI Number: 59-3204951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: DPT  
Name: MANGALJI, A. MAJID  
Address: 5847 SAN FELIPE, SUITE 4650  
City-St-Zip: HOUSTON, TX 77057

Title: DVS  
Name: MANGALJI, MOEZ  
Address: 5847 SAN FELIPE, SUITE 4650  
City-St-Zip: HOUSTON, TX 77057

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: MOEZ MANGALJI

VP

04/18/2011

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

\_\_\_\_\_  
Date