

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 17, 2009
Secretary of State**

DOCUMENT# P97000077925

Entity Name: IMMIGRANT SERVICE CENTER, INC.

Current Principal Place of Business:

405 N. STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

405 N. STATE ROAD 7
MARGATE, FL 33063 US

Current Mailing Address:

405 N. STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

405 N. STATE ROAD 7
MARGATE, FL 33063 US

FEI Number: 65-0798511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO, MARCO
405 N. STATE ROAD 7
MARGATE, FL 33063 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: P () Delete
Name: ALVARADO, MARCO
Address: 405 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVARADO, MARCO
Address: 405 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Change (X) Addition
Name: ALVARADO, MARTHA
Address: 405 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

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: MARCO ALVARADO

P

12/17/2009

Electronic Signature of Signing Officer or Director

_____ Date