

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013669

Entity Name: HART INT'L SERVICES, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

19810 SW 118TH PL
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

PO BOX 570694
MIAMI, FL 33257

New Mailing Address:

FEI Number: 65-0812422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, VALENCIA I
3465 N.W. 50TH AVE.
GAINESVILLE, FL 32605 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: BENJAMIN, GLORIA
Address: 19810 SW 118TH PL
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: BENJAMIN, AUSTIN E
Address: 19810 SW 118TH PL
City-St-Zip: MIAMI, FL 33177

Title: P () Delete
Name: BENJAMIN, VALENCIA
Address: 3465 NW 50TH AVENUE
City-St-Zip: GAINESVILLE, FL 33605

Title: TD () Delete
Name: BENJAMIN, YVETTE I
Address: 4369 PORT LANE
City-St-Zip: POWDER SPRINGS, GA 30127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: BENJAMIN, VALENCIA I
Address: 3465 NW 50TH AVENUE
City-St-Zip: GAINESVILLE, FL 33605

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: AUSTIN E BENJAMIN

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date