

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028435

FILED
Apr 21, 2009
Secretary of State

Entity Name: AEROMAX INSURANCE SERVICE, INC.

Current Principal Place of Business:

2365 ANDREWS VALLEY DRIVE
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

2365 ANDREWS VALLEY DRIVE
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 59-3567214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OQUENDO, FERNANO JR
2365 ANDREW VALLEY DRIVE
KISSIMMEE, FL 34758 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: P () Delete
Name: OQUENDO, FERNANDO
Address: 2365 ANDREW VALLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Delete
Name: OQUENDO, MADELYN
Address: 2365 ANDREWS VALLEY
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OQUENDO, FERNANDO JR
Address: 2365 ANDREW VALLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758

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: FERNANDO OQUENDO

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04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date