

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028435

**FILED**  
**Apr 15, 2010**  
**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  
Name: OQUENDO, FERNANDO JR  
Address: 2365 ANDREW VALLEY DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: OQUENDO, MADELYN G  
Address: 2365 ANDREWS VALLEY DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

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: FERNANDO OQUENDO

P

04/15/2010

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

\_\_\_\_\_ Date