

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061297

Entity Name: ABSOLUTE SUPPORT, INC.

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

6471 MAIN STREET  
#1-308  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

1544 NW 183 AVENUE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

6471 MAIN STREET  
#1-308  
MIAMI LAKES, FL 33014

## New Mailing Address:

1544 NW 183 AVENUE  
PEMBROKE PINES, FL 33029

FEI Number: 65-0932874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: POLLARD, B WAYNE  
Address: 6471 MAIN STREET #1-308  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POLLARD, B WAYNE  
Address: 1544 NW 183 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: B. WAYNE POLLARD

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date