

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 498281

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE FLORIDA AD COMPANY

Current Principal Place of Business:

2151 W HILLSBORO BLVD
STE 400
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR
STE 901
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-2005843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VPSD () Delete
Name: LOGAN, BARRY S.
Address: 2665 S. BAYSHORE DRIVE, #901
City-St-Zip: COCONUT GROVE, FL 33133

Title: VASD () Delete
Name: MENENDEZ, ANA M
Address: 2665 S. BAYSHORE DRIVE SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: P () Delete
Name: COMBS, STEPHEN R
Address: 2151 W. HILLSBORO BLVD, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPT () Delete
Name: KENBIAN, NG
Address: 2151 W HILLSBORO BLVD, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: AT () Delete
Name: DI STEFANO, EFY
Address: 2665 SO. BAYSHORE DR. #901
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EFY DISTEFANO

AT

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date