2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 632170

Entity Name: INTERPLEX SUN BELT, INC.

Current Principal Place of Business:

6690 HIATUS ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

6690 HIATUS ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 11-2533527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOPPEL, ROBERT
6690 HIATUS ROAD
TAMARAC, FL 33321 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: VPD ( ) Delete
Name: SEIDLER, JACK
Address: 120-12 28TH STREET
City-St-Zip: FLUSHING, NY US

Title: D ( ) Delete
Name: FEINSTEIN, STEVEN
Address: 6690 HIATUS ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: P ( ) Delete
Name: KOPPEL, ROBERT
Address: 6690 HIATUS RD
City-St-Zip: TAMARAC, FL 33321 US

Title: T ( ) Delete
Name: KLEIN, IRVING
Address: 6690 HIATUS RD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SEIDLER, JACK
Address: 14-34 110TH STREET STE301
City-St-Zip: COLLEGE POINT, NY 11356 US

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: ROBERT KOPPEL P 04/30/2009

Electronic Signature of Signing Officer or Director Date