2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087921

Entity Name: 1355 ALTON ROAD ASSOCIATES, INC

FILED Jan 14, 2009 Secretary of State

Littly Na	ille. 1555 ALT	ON ROAD ASSOCIATES, INC	J.			
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
1355 ALTO MIAMI BEA	ON ROAD ACH, FL 3313	9	1808	2000 ISLAND BLVD. 1808 AVENTURA, FL 33160 New Mailing Address:		
Current IV	lailing Addre	ss:	New Maili			
2000 ISLA	NIS MARKOW ND BLVD. #18 RA, FL 33160	08				
FEI Number	: 65-1140827	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	Address of	f New Registered Agent:	
	', DENNIS ND BLVD., #1: RA, FL 33160	308 US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DICHY, SAMIR	BLVD., UNIT 105	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (COOPER, DAV 4430 CASPER HOLLYWOOD,	CT.	Title: Name: Address: City-St-Zip:	COOPER, D.	HIGHLANDS DRIVE	
Title: Name: Address: City-St-Zip:	SCHWARTZ, E 3363 NE 171 S		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (MARKOW, DEI 2000 ISLAN BI ADVENTURA, I	.VD. ,#1808	Title: Name: Address: City-St-Zip:	MARKOW, D	BLVD. ,#1808	

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: DENNIS MARKOW PDS 01/14/2009