

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070560

FILED
Jan 29, 2009
Secretary of State

Entity Name: TUSCANY ASSOCIATES, INC.

Current Principal Place of Business:

901 BIRCKELL KEY BLVD
1006
MIAMI, FL 33131

New Principal Place of Business:

901 BRICKELL KEY BLVD
1006
MIAMI, FL 33131

Current Mailing Address:

901 BIRCKELL KEY BLVD
1006
MIAMI, FL 33131

New Mailing Address:

901 BRICKELL KEY BLVD
1006
MIAMI, FL 33131

FEI Number: 76-0703913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, BRENT D
701 BRICKELL AVE STE 1900
MIAMI, FL 33131 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: S () Delete
Name: CEPEDA, ARTURO
Address: 901 BRICKELL KEY BLVD APT 1006
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: SALAS, ALFONSO A
Address: 901 BRICKELL KEY BLVD APT 1006
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P () Change (X) Addition
Name: OCHOA, ANIBAL C
Address: 901 BRICKELL KEY BLVD APT 1006
City-St-Zip: MIAMI, FL 33131

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: ARTURO CEPEDA

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01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date