

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027137

FILED
Apr 20, 2009
Secretary of State

Entity Name: INFINITY MANAGER HOLDINGS, INC.

Current Principal Place of Business:

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131

Current Mailing Address:

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

New Mailing Address:

1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131

FEI Number: 20-3866313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 NW CORPORATE BLVD.
SUITE 401
BOCA RATON, FL 33431 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: DCEO () Delete
Name: YANOPOULOS, JOHN
Address: 515 E. LAS OLAS BLVD., SUITE 1050
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: YANOPOULOS, JOHN
Address: 1221 BRICKELL AVENUE, SUITE 660
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: JOHN YANOPOULOS

CEO

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date