

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053268

Entity Name: BOCA 4109 GROUP, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVE SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

1000 BRICKELL AVE SUITE 300
MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL AVE SUITE 900
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVE SUITE 300
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS INC
1200 BRICKELL AVE SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS INC
1000 BRICKELL AVE SUITE 300
MIAMI, FL 33131 US

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: ROBERT R. ADAMS

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LOBO, GUSTAVO L
Address: 1200 BRICKELL AVE SUITE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LOBO, GUSTAVO L
Address: 1000 BRICKELL AVE SUITE 300
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: GUSTAVO L. LOBO

D/P

04/14/2009

Electronic Signature of Signing Officer or Director

Date