

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108812

FILED  
Aug 28, 2009  
Secretary of State

Entity Name: HOLGUINES & PFLUCKER INC.

**Current Principal Place of Business:**

1110 ASHBEE LN  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1110 ASHBEE LN  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 11-3773573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLGUIN, ALEJANDRO  
1110 ASHBEE LN  
CELEBRATION, FL 34747      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: HOLGUIN, ALEJANDRO  
Address: 1110 ASHBEE LN  
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete  
Name: PFLUCKER, JIMMY  
Address: 1110 ASHBEE LN  
City-St-Zip: CELEBRATION, FL 34747

Title: VC ( ) Delete  
Name: PFLUCKER, JIMMY  
Address: 1110 ASHBEE LN  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALEJANDRO HOLGUIN

PC

08/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date