2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 254148

Entity Name: FLORIDIAN ARMS, INC.

Current Principal Place of Business:

MIAMI DADE MGMT & REALTY
6625 MIAMI LAKES DR #233
MIAMI LAKES, FL 33014

New Principal Place of Business:

1450 NE 170 ST
326
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1430 NE 170 ST 316
#326
NORTH MIAMI BEACH, FL 331629812

New Mailing Address:

1450 NE 170 ST
326
NORTH MIAMI BEACH, FL 33162

FEI Number: 59-1000809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ, JOSE
6625 MIAMI LAKES DR #233
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CARLOS, ARTEAGA
2200 NW 102 AVE
5
DORAL, FL 33172 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: ARTEAGA CARLOS 02/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SPEARS, GEORGE
Address: 1450 NE 170 ST UNIT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: SPEARES, GEORGE
Address: 1450 NE 170TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: JAMES, VALERIE
Address: 1450 NE 170 ST UNIT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Delete
Name: CRUZ, JUAN
Address: 1450 NE 170TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P ( ) Delete
Name: LINVAL, JUAN
Address: 1450 NE 170 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete
Name: SMATH, TED
Address: 1450 NE 170 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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:

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: JUAN LINVAL PD 02/26/2009
Electronic Signature of Signing Officer or Director Date