


2009 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 286994 | |  |
| 1. Entity Name 2542 CORPORATION | | |
| Principal Place of Business 2542 CORPORATION BOYNTON BEACH, FL 33435 US | Mailing Address 2542 SO FEDERAL HWY BOYNTON BEACH, FL 33435 US | |

FILED
09 APR 10 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 02082009 Chg-P CR2E034 (11/08) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 28-6994600 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | | | |
|---|--|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SABLON, JOSEPH 2542 S FEDERAL HWY APT 15 BOYNTON BEACH, FL 33435 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | P SABLON, JOSEPH <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SABLON, JOSEPH | NAME | 800149463158 |
| STREET ADDRESS | 2542 SOUTH FEDERAL HWY APT 15 | STREET ADDRESS | 04/10/09--01035--001 **150.00 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICHOLSON, EDWARD | NAME | |
| STREET ADDRESS | 2542 SOUTH FEDERAL HWY APT 10 | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILDA, MARCUS | NAME | T AWILDA MARCUS |
| STREET ADDRESS | 2542 SO FEDERAL HWY APT. 9 | STREET ADDRESS | 2542 SO FEDERAL HWY #9 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | BOYNTON BEACH FL 33435 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBERIO, JOE | NAME | |
| STREET ADDRESS | 2542 SO FEDERAL HWY #19 | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULSEN, ALBERT | NAME | |
| STREET ADDRESS | 2542 SOUTH FEDERAL HWY APT 8 | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNICE, CARON | NAME | S DI DONATO, HENRY |
| STREET ADDRESS | 2542 SOUTH FEDERAL HWY APT. 20 | STREET ADDRESS | 2542 SOUTH FEDERAL HWY. APT. 3 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | CITY-ST-ZIP | BOYNTON BEACH, FL 33435 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/30/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #