

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 348366

FILED
Mar 14, 2009
Secretary of State

Entity Name: BILL EISNOR, INC.

Current Principal Place of Business:

14352 SW 142 AVE
MIAMI FLA, 33186 US

New Principal Place of Business:

1238 ANASTASIA AVENUE
CORAL GABLES,, FL 33134 US

Current Mailing Address:

14352 S W 142 AVENUE
MIAMI, FL 33186 US

New Mailing Address:

1238 ANASTASIA AVENUE
CORAL GABLES,, FL 33134 US

FEI Number: 59-1270041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EISNOR, WILLIAM JOHN, JR.
14352 SW 142 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

EISNOR, WILLIAM JOHN, JR.
1238 ANASTASIA AVENUE
CORAL GABLES, FL 33134 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: WILLIAM JOHN EISNOR, JR.

03/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EDELSTEIN, MARY L
Address: 2720 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: EISNOR, L,
Address: 14352 S W 142 AVENUE
City-St-Zip: MIAMI, FL

Title: VP (X) Delete
Name: EISNOR, RICHARD D
Address: 1238 ANASTASIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: EISNOR, CASEY D
Address: 14352 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: EISNOR, L,
Address: 1238 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: MARY LOU EDELSTEIN

VP

03/14/2009

Electronic Signature of Signing Officer or Director

Date