2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 363925

Entity Name: CARLUCCI REAL ESTATE INC

Current Principal Place of Business:

1401 N RIVERSIDE DRIVE
STE 1503
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1401 N RIVERSIDE DRIVE
STE 1503
POMPANO BEACH, FL 33062 US

New Mailing Address:

P.O. BOX 643070
VERO BEACH, FL 32964 US

FEI Number: 59-1292874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARLUCCI, AGNES
1401 N. RIVERSIDE DR, APT 1503
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

FASHEK, NORMAN
746 IRIS LANE
VERO BEACH, FL 32963 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: NORMAN L FASHEK 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CARLUCCI, JOSEPH
Address: 1401 N. RIVERSIDE DR, APT 1503
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD ( ) Delete
Name: CARLUCCI, AGNES
Address: 1401 N. RIVERSIDE DR, APT 1503
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete
Name: BERKELL, GERALD
Address: 1463 SW 156 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: FASHEK, NORMAN L
Address: 13300 ALBA POINT PLACE N
City-St-Zip: DELRAY BEACH, FL 33445

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: D (X) Change ( ) Addition
Name: FASHEK, NORMAN L
Address: 746 IRIS LANE
City-St-Zip: VERO BEACH, FL 32963

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: NORMAN L FASHEK MR 04/15/2009
Electronic Signature of Signing Officer or Director Date