

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 402779

FILED
Jan 16, 2009
Secretary of State

Entity Name: 1670 SOUTH CONGRESS, INC.

Current Principal Place of Business:

324 LINDA LANE
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

324 LINDA LANE
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 59-1400921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLASH, PATRICIA
324 LINDA LANE
PALM BEACH SHORES, FL 33404 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUSAN, WEISS A.
Address: 1670 SO CONGRESS
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP () Delete
Name: BLASH, PATRICIA
Address: 1670 SO CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ST () Delete
Name: BLASH, TIMOTHY
Address: 1670 CONGRESS AVENUE
City-St-Zip: W. PALM BCH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUSAN, WEISS A.
Address: 25 SHELDRAKE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change () Addition
Name: BLASH, PATRICIA
Address: 324 LINDA LANE
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: ST (X) Change () Addition
Name: BLASH, TIMOTHY
Address: 324 LINDA LANE
City-St-Zip: PALM BEACH SHORES, FL 33404

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: PATRICIA G BLASH

VP

01/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date