## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 419332** 

Address:

City-St-Zip:

790 MORNINGSIDE DR

MIAMI SPRINGS, FL 33166

FILED Jan 21, 2009 Secretary of State

Entity Nan	ne: 627 ELDRON DRIVE INC			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
627 ELDRO MIAMI SPR	DN DRIVE IINGS, FL 33166			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
627 ELDRO MIAMI SPR	DN DRIVE IINGS, FL 33166			
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desire	ed (X)	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
CARLSON, DAVID 627 ELDRON DRIVE MIAMI SPRINGS, FL 33166 US		JAMES, JULIE E 627 ELDRON DRIVE MIAMI SPRINGS, FL 33166 US		
The above in the State	named entity submits this statement for the pur of Florida.	rpose of changing its registered office or registered agent	, or both,	
SIGNATURE: JULIE ELIZABETH JAMES		01/21/2009	01/21/2009	
Electronic Signature of Registered Agent		t Date		
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JAMES, JULIE C 790 MORNINGSIDE DR MIAMI SPRINGS, FL 33166	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete CARLSON, DAVID 627 ELDRON DRIVE MIAMI SPRINGS, FL 33166	Title: S (X) Change ( ) Addition Name: JAMES, WILLIAM M Address: 627 ELDRON DRIVE City-St-Zip: MIAMI SPRINGS, FL 33166		
Title: Name:	T () Delete JAMES, CHARLES C	Title: ( ) Change ( ) Addition Name:		

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.

Address:

City-St-Zip:

SIGNATURE: JULIE ELIZABETH JAMES Ρ 01/21/2009