

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564828

FILED
Jun 23, 2009
Secretary of State

Entity Name: SECTION 11 PROPERTY CORP.

Current Principal Place of Business:

490 NW SOUTH RIVER DR
MIAMI, FL 33128

New Principal Place of Business:

24155 OAKS BLVD
LAND O LAKES, FL 34639 US

Current Mailing Address:

490 NW SOUTH RIVER DR
MIAMI, FL 33128

New Mailing Address:

24155 OAKS BLVD
LAND O LAKES, FL 34639 US

FEI Number: 65-0235000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, SUSAN
498 NORTHWEST SOUTH RIVER DRIVE
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

COFFEY, SUSAN
24155 OAKS BLVD
LAND O LAKES, FL 34639 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: SUSAN B COFFEY

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS (X) Delete
Name: OBREGON, ODALYS
Address: 490 NW SOUTH RIVER DR
City-St-Zip: MIAMI, FL 33121

Title: VPCD () Delete
Name: PAHULES, MARY B
Address: 490 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33128

Title: PTCD () Delete
Name: COFFEY, SUSAN
Address: 490 NORTHWEST SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPCD (X) Change () Addition
Name: PAHULES, MARY B
Address: 24155 OAKS BLVD
City-St-Zip: LAND O LAKES, FL 34639 US

Title: PTCD (X) Change () Addition
Name: COFFEY, SUSAN B
Address: 24155 OAKS BLVD
City-St-Zip: LAND O LAKES, FL 34639 US

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: SUSAN B. COFFEY

PTCD

06/23/2009

Electronic Signature of Signing Officer or Director

Date