

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700048

FILED
Apr 27, 2009
Secretary of State

Entity Name: SUBUD-FLORIDA INC

Current Principal Place of Business:

6323 LENAPE STREET
FORT PIERCE,, FL 34982

New Principal Place of Business:

6012 BEAU LANE
ORLANDO,, FL 32808

Current Mailing Address:

6323 LENAPE STREET
FORT PIERCE, FL 34982 US

New Mailing Address:

P.O. BOX 681248
ORLANDO, FL 32868 US

FEI Number: 59-1695097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, BARBARA
6323 LENAPE ST
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

SCOTT, BARBARA
6323 LENAPE STREET
FORT PIERCE, FL 34982 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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: SOLOMON, LAURIE
Address: 1453 GARDEN ROAD
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: SCOTT, BARBARA
Address: 6323 LENAPE ST
City-St-Zip: FORT PIERCE, FL 34982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SOLOMON, LAURIE
Address: 1453 GARDEN ROAD
City-St-Zip: WESTON, FL 33326

Title: T (X) Change () Addition
Name: BUSCH, NOEL
Address: 6012 BEAU LANE
City-St-Zip: ORLANDO, FL 32808

Title: S () Change (X) Addition
Name: BUSCH, NANCY 'BERTINA
Address: 6012 BEAU LANE
City-St-Zip: ORLANDO, FL 32808

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL BUSCH

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date