## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000005753

Entity Name: PROJECT 501 CORP

VINVELA, ARTURO

MIAMI, FL 33145

3191 CORAL WAY STE 104

Name:

Address: City-St-Zip: FILED Jul 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8260 W. FLAGLER STREET STE 2-C MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 8260 W. FLAGLER STREET STE 2-C MIAMI, FL 33144 FEI Number: 65-1002125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAFEE, OSWALDO 11242 NW 50 TERRACE DORAL, FL 33178 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition LAFEE, OSWALDO P/D Name: Name: 11242 NW 50 TERRACE Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: Title: () Change () Addition () Delete Name: JAHN, LUIS Name: 3191 CORAL WAY STE 104 Address: Address: MIAMI, FL 33145 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: OSWALDO LAFEE P 07/13/2009