

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F02000002817

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Entity Name:** TOUSA, INC.

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD, STE 400 N  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

4000 HOLLYWOOD BLVD, STE 400N  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4000 HOLLYWOOD BLVD, STE 400 N  
HOLLYWOOD, FL 33021

**New Mailing Address:**

4000 HOLLYWOOD BLVD, STE 400N  
HOLLYWOOD, FL 33021

**FEI Number:** 76-0460831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: GEORGESCU, SORANA  
Address: 4000 HOLLYWOOD BLVD, STE 400N  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D  
Name: MON, ANTONIO B  
Address: 4000 HOLLYWOOD BLVD., STE 400N  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D  
Name: STENGOS, GEORGE  
Address: 20 SOLOMOU STREET, ANO KALAMAKI  
City-St-Zip: ATHENS, GR 17456

Title: D  
Name: STENGOS, ANDREAS  
Address: 20 SOLOMOU STREET, ANO KALAMAKI  
City-St-Zip: ATHENS, GR 17456

I hereby 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 all other like empowered.

SIGNATURE: SORANA GEORGESCU

S

07/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date