2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000583

4007 MERRICK ROAD

SEAFORD, NY 11783

Address:

City-St-Zip:

Entity Name: LINDENHURST REALTY GROUP INC.

FILED Jan 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
•			•	·	
4007 MERRICK ROAD SEAFORD, NY 11783			8506 QUITO PLACE WELLINGTON, FL 33414		
	,		,		
Current Mailing Address:			New Mailing Address:		
4007 MERRICK ROAD SEAFORD, NY 11783			8506 QUITO PLACE WELLINGTON, FL 33414		
SEAFURL), NY 11703		VVELLINGTON, FL 3	3414	
FEI Number	: 75-3094583	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
8506 QUIT	OZE, ZAYA FO PLACE TON, FL 33414	4 US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () PETRAKIS, PET 4007 MERRICK SEAFORD, NY	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	` '	Delete	Title:	() Change () Addition	
Name:	HALPERN, STE 2015 SHORE P.		Name: Address:		
Address: City-St-Zip:	BROOKLYN, NY		City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name:	GIVARGIDZE, Z		Name:		
Address: City-St-Zip:	8506 QUITO PL WELLINGTON,		Address: City-St-Zip:		
			• •		
Title:	T ()	Delete	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.

Address:

City-St-Zip:

SIGNATURE: ZAYA GIVARGIDZE MR 01/18/2009