## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004397

Entity Name: EL AMENITIES MANAGEMENT CORPORATION

FILED Jul 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	AGE SQUARE AN, VA 23112				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	AGE SQUARE AN, VA 23112				
FEI Number: 2	26-3354491	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
3973 EAGLI	MITH, ROGER E LANDING P PARK, FL 320	PARKWAY			
The above r in the State		submits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATUR	E:				
	Electron	ic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not growth Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FENCHUK, GAR	VOOD POINT RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PEARSON, KAT	OOD POINTE CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP () ARROWSMITH, 4800 LAKESHO ORANGE PARK	RE DR WEST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BADURA, CHRI	SQUARE PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	AS () CARR, THOMAS	Delete	Title: Name:	( ) 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.

SIGNATURE: ROGER S. ARROWSMITH DP 07/31/2009