2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F99000004908

Entity Name: ILOPSIR REALTY CORP.

Current Principal Place of Business:

1948 NW 54TH AVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1948 NW 54TH AVE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 13-2647526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RISPOLI, THOMAS
3900 89T RD. S.
BOYNTON BEACH, FL 33436 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RISPOLI, THOMAS
Address: 3900 S. 89 ROAD
City-St-Zip: BOYNTON BEACH, FL

Title: V ( ) Delete
Name: RISPOLI, LUCA
Address: 3300 N. STATE ROAD #7 BOX #496F
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: RISPOLI, SARA
Address: 2 BRONXVILLE RD. APT 2B
City-St-Zip: BRONXVILLE, NW 10708

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: THOMAS RISPOLI P 04/24/2009

Electronic Signature of Signing Officer or Director Date