

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005269

Entity Name: N.Y.H.C.O., INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

50 CENTRAL AVE
APT 1204D
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

2381 FRUITVILLE ROAD
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0975281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIGNO, ALBERT
50 CENTRAL AVE
UNIT 1204D
SARASOTA, FL 34236 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: PCD () Delete
Name: FERRIGNO, AL
Address: 50 CENTRAL AVE UNIT 1204D
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: D'ALESSANDRO, ALAN
Address: 12531 NATUREVIEW CIR
City-St-Zip: BRADENTON, FL 34212

Title: VP () Delete
Name: ANDERSON, HERMENE
Address: 1450 MAIN ST
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: HOCH, CITRIS
Address: 4164 VIA MIRADA
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: KRIER, SCOTT
Address: 1950 MAIN ST
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: LOMBARDO, FRANK
Address: 3807 16TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: AL FERRIGNO

PCD

02/02/2009

Electronic Signature of Signing Officer or Director

Date