2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# G10940

Entity Name: PELMAD CORPORATION

Current Principal Place of Business:

10598 NW SOUTH RIVER DR
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10598 NW SOUTH RIVER DR
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 59-0941318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIBEL, JONATHAN E.
10598 NW SOUTH RIVER DR
MEDLEY, FL 33178 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: D ( ) Delete
Name: AIBEL, HAROLD
Address: 10598 NW S RIVER DR
City-St-Zip: MEDLEY, FL

Title: SD ( ) Delete
Name: AIBEL, ELEANOR
Address: 701 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL

Title: PD ( ) Delete
Name: AIBEL, JONATHAN E.
Address: 10598 NW S. RIVER DR.
City-St-Zip: MEDLEY, FL

Title: V ( ) Delete
Name: SIMON, STEVE
Address: 1 SE 3RD AVE
City-St-Zip: MIAMI, FL

Title: AS ( ) Delete
Name: ROBINSON, RAY
Address: 1501 VENERA AVE
City-St-Zip: CORAL GABLES, FL

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:

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: JONATHAN E. AIBEL PD 02/17/2009

Electronic Signature of Signing Officer or Director Date