2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16511

FILED May 12, 2009 Secretary of State

Entity Nan	ne: MURRAY	FENCE CO.					
Current Principal Place of Business:			New Principal Place of Business:				
1776 NW 2 MIAMI, FL	3RD TERRAC 33142	Ξ					
Current Mailing Address:			New Mailing Address:				
1776 NW 2 MIAMI, FL	3RD TERRAC 33142	Ξ					
FEI Number:	59-2349488	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired	1()	
Name and	Address of Co	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
5401 COLL	SUSANA P. .INS AVE #1422 .CH, FL 33140	2 US	1235 MALA	MURRAY,CATHERINE 1235 MALAGA AVENUE CORAL GABLES, FL 33134 US			
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered of	fice or registered agent, o	or both,	
SIGNATURE: CATHERINE MURRAY				05/12/2009			
	Electroni	c Signature of Registered Ager	nt		Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice	е.			
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES 1	O OFFICERS AND DIR	ECTORS:	
Title: Name: Address: City-St-Zip:	P () I MURRAY, CATH 1235 MALAGA A CORAL GABLES	VE	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VP () I MURRAY, SUSA 5401 COLLINS A MIAMI BEACH, F	VE #1422	Title: Name: Address: City-St-Zip:	VP (X) MURRAY, CATH 1235 MALAGA A CORAL GABLES	VENUE		
Title: Name: Address: City-St-Zip:	S () I MURRAY, SUSA 5401 COLLINS A MIAMI BEACH, F	VE #1422	Title: Name: Address: City-St-Zip:	S (X) MURRAY, CATH 1235 MALAGA A CORAL GABLES	VENUE		
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.

Name:

Address:

City-St-Zip:

SIGNATURE: CATHERINE MURRAY P 05/12/2009

MURRAY, CATHERINE

CORAL GABLES, FL 33134

1235 MALAGA AVE

Name:

Address:

City-St-Zip: