## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92680

Entity Name: SOUTHTOWN PLAZA, INC.

FILED Jan 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

435 L'AMBIANCE DR 435 L'AMBIANCE DR

STE J-803 STE 803

LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 US

**Current Mailing Address: New Mailing Address:** 

435 L'AMBIANCE DR 435 L'AMBIANCE DR

STE J-803 STE 803

LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 US

FEI Number: 59-2617679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARUSO, JOHN CARUSO, JOHN 435 L'AMBIANCE DR 435 L'AMBIANCE DR **UNIT J-803 UNIT 803** 

LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 US

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: 01/11/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete CARUSO, JOHN R CARUSO, JOHN R Name: Name:

435 L'AMBIANCE DR UNIT J-803 Address: 435 L'AMBIANCE DR UNIT 803 Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228

( ) Delete Title: Title: (X) Change ( ) Addition

CARUSO, MARK CARUSO, MARK Name: Name:

435 L'AMBIANCE DR UNIT J-803 Address: 435 L'AMBIANCE DR UNIT 803 Address: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 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: JOHN R. CARUSO **PRES** 01/11/2009