## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J07729

Entity Name: FENCE CONNECTION, INC.

FILED Sep 21, 2009 Secretary of State

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

10691 N KENDALL DRIVE SUITE 302 MIAMI, FL 33176 US

Current Mailing Address: New Mailing Address:

P.O. BOX 160429 MIAMI, FL 33116 US

FEI Number: 59-2662611 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:

 LEAMON, WAYNE
 9805 S.W. 123 TERR.
 9805 SW 123RD TERRACE

 MIAMI, FL 32176 US
 MIAMI, FL 33176 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: WAYNE LEAMON 09/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: LEAMON, WAYNE Name: GONZALEZ, JAVIER

 Name:
 LEAMON, WAYNE
 Name:
 GONZALEZ, JAVIER

 Address:
 9805 SW 123RD TERRACE
 Address:
 14536 SW 110 STREET

 City-St-Zip:
 MIAMI, FL 32176
 City-St-Zip:
 MIAMI, FL 33186

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: GONZALEZ, JAVIER Name: LEAMON, WAYNE

Address: 14536 SW 110 STREET Address: 9805 S.W. 123RD TERRACE
City-St-Zip: MIAMI, FL 33186 US City-St-Zip: MIAMI, FL 33176 US

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

Name: ROHRER, MICHAEL Name:

Address: 10691 NORTH KENDALL DR, SUITE 302 Address:
City-St-Zip: MIAMI, FL 33176 US 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: WAYNE LEAMON PD 09/21/2009