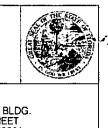
**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## DOCUMENT # L12715

1. Enlity Name

## FLORIDA UNION LAND CORPORATION



**FILED** Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business Mailing Add			iress					
SUITE 205, NORTHMARK BLDG. 33 NORTHEAST 2ND STREET FORT LAUDERDALE FL 33301 US		33 NORTHEAST 2ND	SUITE 205, NORTHMARK BLDG. 33 NORTHEAST 2ND STREET FORT LAUDERDALE FL 33301 US					
2. Principal Place of Business - No PO Box #		3. Mailing Address	3. Mailing Addrose					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)			
City & State		City & State	City & State		NO-T APPLICABLE Applied For Not Applicab			
Zıp	Country	Zıp	Country	5. Certifica	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
PICCHI, BLAISE SUITE 205, NORTHMARK BLDG.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
33 N	NORTHEAST 2ND STREE RT LAUDERDALE FL 3330	Ŧ						
					F	L Zip Cod	de	
	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its	s registered office o	r registered agent, or t	coth, in the State of Florida. I ar	n familiar with	, and accept	
SIGNATURE.	Signature, typod or printed earner of registered (	noentandine Europicabio. (NO	TE: Registered Agord a gnet	are regained whon reinstatings	DATE	<del> </del>	<del></del> -	
After	ILE-NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550 k Payable to Florida Departmen	0.00 [유럽[[			Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	
Atti doda in Ab.	umun, Turki in kirik da ilayin kanimissira da Maraba auto-	to the food builty attail	N					
10.	Y	AND DIRECTORS	11.	ADITICION	IS/CHANGES TO OFFICERS AF			
TITLE	P	☐ Derete	TITLE			☐ Change	Addition	
NAME	PICCHI, EUGENE J.C.		NAME					
STREET ADDRESS	2002 BETHEL BLVB.		STREET ADDRESS					
CITY - ST- ZIP	BOCA RATON FL 33428		CITY-ST-ZIP					
TITLE	ST	☐ Derete	TITLE		500000817526	☐ Change	Addition	
NAME	PICCHI, BLAISE		HAME		92/15/08-80006-	008 150.	. NA	
STREET ADDRESS	33 N.E. 2ND STREET, SUITE 2		STRFFT ADGRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-SI-ZIP					
TITLE		☐ Derete	TITLE			☐ Change	Addition	
NAME			HAME					
STREET ADDRESS	<u> </u>		STAFET ADDRESS	_			-	
CITY+ST-ZIP			CITY-ST-ZIP					
TITLE		☐ De'ete	TITLE		***************************************	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Defete	TILE			☐ Change	Addition	
NAME		<b>1</b> 50 000	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP			CITY - ST- ZIP					
TITLE		☐ Deiele	TITLE			☐ Change	Agdition	
NAME	·	LJ DOUG	NAME			L. J Griange	Li nguigii	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY - ST - ZIP					
J	1		- CONTROL - CONT	I .				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altrachment with an address, with all other like empowered. Blaise Picchi

**SIGNATURE:** 

Паусто Роспе #