2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L34518

Entity Name: KAPUSTIN CORPORATION

Current Principal Place of Business:

206 NE 2ND STREET
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

133 NE 2ND AVENUE
BOX 105
MIAMI, FL 33132

New Mailing Address:

P.O. BOX 565220
MIAMI, FL 33256

FEI Number: 65-0158665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPUSTIN, RAFAEL
133 N E 2ND AVENUE
BOX 105
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

KAPUSTIN, RAFAEL
206 NE 2ND STREET
MIAMI, FL 33132 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: RAFAEL KAPUSTIN 02/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KAPUSTIN, RAFAEL,
Address: 25 S.E. SECOND AVENUE
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: KAPUSTIN, SARA,
Address: 25 S.E. SECOND AVENUE
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete
Name: KAPUSTIN, ANDREW J
Address: 25 S.E. SECOND AVENUE
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete
Name: KAPUSTIN, GINA E
Address: 25 S.E. SECOND AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KAPUSTIN, RAFAEL
Address: P.O. BOX 565220
City-St-Zip: MIAMI, FL 33256

Title: SD (X) Change ( ) Addition
Name: KAPUSTIN, SARA
Address: P.O. BOX 565220
City-St-Zip: MIAMI, FL 33256

Title: VP (X) Change ( ) Addition
Name: KAPUSTIN, ANDREW J
Address: P.O. BOX 565220
City-St-Zip: MIAMI, FL 33256

Title: VP (X) Change ( ) Addition
Name: KAPUSTIN, GINA E
Address: P.O. BOX 565220
City-St-Zip: MIAMI, FL 33256

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: RAFAEL KAPUSTIN PD 02/25/2009
Electronic Signature of Signing Officer or Director Date