2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45764

Entity Name: 3471, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9561 N.W. 18TH STREET PLANTATION, FL 33322 US **Current Mailing Address: New Mailing Address:** P.O. BOX 4129 FORT LAUDERDALE, FL 33338 US FEI Number: 65-0221615 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: COHEN, RONALD I MEMBER 9561 N.W. 18TH STREET PLANTATION, FL 33322 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: **PSTD** (X) Change () Addition Name: WASSON, A.J. Name: BOYLE, JOHN J 2642 N.E. 12TH STREET 1601 E LAKE DRIVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33316 **VPS** Title: **VPS** Title: () Delete (X) Change () Addition WASSON, A.J. Name: Name: COHEN, RONALD I 2642 NE 12TH ST 9561 N.W. 18TH STREET Address: Address: FORT LAUDERDALE, FL 33304 PLANTATION, FL 33316 City-St-Zip: City-St-Zip: Title: **VPAS** () Delete Title: () Change () Addition BOYLE, JANET A Name: Name: 1601 EAST LAKE DRIVE Address: Address: FT. LAUDERDALE, FL 33316 City-St-Zip: City-St-Zip: Title: **VPSD** () Delete Title: () Change () Addition BOYLE, JOHN J III Name: Name: Address: 1601 EAST LAKE DR Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: PC (X) Delete Title: () Change () Addition BOYLE, JOHN Name: Name: 1601 EAST LAKE DR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 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 J. BOYLE PSTD 03/23/2009