2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M04733

PEREZ, CARLOS

MIAMI, FL 33178

5214 NW 106 COURT

Name:

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

| Entity Nan | ne: 7209 N | I.W. 41 ST., C | ORP. | | | • | |
|--|---|-----------------|----------------------|---|--|---|--|
| Current Principal Place of Business: | | | | New Prin | New Principal Place of Business: | | |
| 7209 N.W. MIAMI, FL | | EET | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 7209 N.W. MIAMI, FL | | EET | | | | | |
| FEI Number: | 59-2449560 | FEI Numbe | er Applied For() | FEI Number Not App | olicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | |
| PEREZ, CARLOS 5214 NW 106 COURT MIAMI, FL 33178 US | | | | 7209 NW | PEREZ, CARLOS 7209 NW 41 STREET MIAMI, FL 33166 US | | |
| The above in the State | | ty submits this | statement for the pu | rpose of changing | its registe | ered office or registered agent, or both, | |
| SIGNATURE: | | | | | 04/13/2009 | | |
| | Elect | ronic Signature | e of Registered Ager | t | | Date | |
| Election Carr | npaign Finand | ing Trust Fund | Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD APAID, AND 7209 NW 41 MIAMI, FL 3 | ST STREET | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD APAID, GER 7209 NW 41 MAIMI, FL 3 | ST STREET | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD APAID, GER 7209 NW 41 MIAMI, FL 3 | ST STREET | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: | D | () Delete | | Title: | TD | (X) Change () Addition | |

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.

Name:

Address:

City-St-Zip:

PEREZ, CARLÓS

MIAMI, FL 33166

7209 NW 41 STREET

SIGNATURE: CARLOS PEREZ D 04/13/2009