

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M62427

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ALEC'S CAMPER CENTER, INC.

**Current Principal Place of Business:**

C/O NORINE SILVERSTEIN  
16960 S. DIXIE HWY.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NORINE SILVERSTEIN  
16960 S. DIXIE HWY.  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 59-1234924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVERSTEIN, NORINE  
16960 S. DIXIE HWY.  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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:**

Title: PDS ( ) Delete  
Name: SILVERSTEIN, NORINE  
Address: 8220 SW 149TH DRIVE  
City-St-Zip: MIAMI, FL 33158 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NORINE SILVERSTEIN

PDS

04/16/2009

Electronic Signature of Signing Officer or Director

Date