2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N02000000121

Entity Name: FIVE HUNDRED BUILDING, INC.

Current Principal Place of Business:

500 NE. 83RD ST
APT #2
MIAMI, FL 331834037

New Principal Place of Business:

Current Mailing Address:

1371 NW 95TH ST.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-6060560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABROUSSE, LOUIS
1371 NW 95TH ST.
MIAMI, FL 33147 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LABROUSSE, LOUIS
Address: 1371 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: VPD ( ) Delete
Name: BRESSIEUX, DOROTHY
Address: 501 NE 82 TERRACE APT #2
City-St-Zip: MIAMI, FL 331384037

Title: ST ( ) Delete
Name: LABROUSSE, LOUIS
Address: 1371 NW 95TH ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS LABROUSSE PD 02/19/2009

Electronic Signature of Signing Officer or Director — Date