

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012087

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SECOND INSTRUMENTAL UNIT, INC.

## Current Principal Place of Business:

C/O MAYER GATTEGNO  
2825 UNIVERSITY DR #350  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

C/O MAYER GATTEGNO  
2825 UNIVERSITY DR #350  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 56-2556612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GATTEGNO, MAYER  
2825 UNIVERSITY DR.  
SUITE 350  
CORAL SPRINGS, FL 33065 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: P ( ) Delete  
Name: GATTEGNO, ELIOT  
Address: 2825 UNIVERSITY DR #350  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: FULMER, DAVID  
Address: 2825 UNIVERISTY DR #350  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: KANE, BRENDAN  
Address: 2825 UNIVERISTY DR #350  
City-St-Zip: CORAL SPRINGS, FL 33065

## 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: ELIOT GATTEGNO

P

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date