

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000266

FILED
Jun 30, 2009
Secretary of State

Entity Name: MEADOWBROOK TOWERS BLDG. "G" INC.

Current Principal Place of Business:

610 NE 12 AVE.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

610 NE 12 AVE.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROTT, ROBERT
610 NE 12 AVE.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

TROTT, ROBERT
610 NE 12 AVE.
301
HALLANDALE BEACH, FL 33009 US

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

06/30/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVIERI, JOSEPH
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V () Delete
Name: PONTE, BERNARD
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TS () Delete
Name: TROTT, ROBERT
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D () Delete
Name: DELAND, JACK
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D () Delete
Name: LANDRETH, RAY
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: AFLALO, ELKANA
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: D (X) Change () Addition
Name: BELAND, JACK
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Change () Addition
Name: BONO, BARBARA
Address: 610 NE 12 AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

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: JOSEPH OLIVIERI

Electronic Signature of Signing Officer or Director

PRES

06/30/2009

Date