2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004387

PHILIP, MICHEAEL

MIAMI, FL 33133

3158 CARTER STREET

Name:

Address:

City-St-Zip:

Apr 17, 2009 Secretary of State

Entity Name: URBAN RESURRECTION CORPORATION Current Principal Place of Business: New Principal Place of Business: 3158 CARTER STREET MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 3158 CARTER STREET MIAMI, FL 33133 FEI Number: 38-3783570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILIP, MICHAEL 3158 CARTER STREET MIAMI, FL 33133 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTINEZ, ESPERANZA Name: Name: 9715 HAMMOCKS BLVD #108 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: KELLY, CLAY Name: Address: 3106 DORILTON CT D #108 Address: City-St-Zip: LOUISVILLE, KY 40241 City-St-Zip: Title: () Delete Title: () Change () Addition RENGIFO, MARY Name: Name: Address: 2383 SE 19TH STREET Address: City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: Title: DS () Delete Title: () Change () Addition HAMMOND, GINNY Name: Name: Address: 440 NW 19TH STREET Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: (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 617, 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:

PHILIP, MICHAEL

MIAMI, FL 33133

3158 CARTER STREET

SIGNATURE: MICHAEL PHILIP D 04/17/2009