2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010897

tity Name: ELAMINICO DE CODO

FILED Apr 17, 2009 Secretary of State

Entity Name: FLAMINGO PTO, CORP. **Current Principal Place of Business: New Principal Place of Business:** 1130 SW 133 AVE DAVIE, FL 333254110 **Current Mailing Address: New Mailing Address:** 1130 SW 133 AVE DAVIE, FL 333254110 FEI Number: 26-3742384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PESTANO, ANNETTE 7758 NW 44 ST SUNRISE, FL 33351 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition Name: Name:

SCHOETT, STEPHANIE Address: 840 SOMERSET AVE Address: City-St-Zip: **DAVIE, FL 33325** City-St-Zip: Title: () Delete Title: () Change () Addition REARDON, CHRISTINE Name: Name: Address: 1020 SW 133 TERR Address: City-St-Zip: **DAVIE, FL 33325** City-St-Zip: Title: () Delete Title: () Change () Addition FONSECA, LISA DE PAULA Name: Name: 13921 APPALACHIAN TRAIL Address: Address: **DAVIE, FL 33325** City-St-Zip: 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: CHRISTINE REARDON T 04/17/2009