

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026736

FILED
Apr 25, 2009
Secretary of State

Entity Name: SEMINOLE INDIAN VENTURES OF FLORIDA, INC.

Current Principal Place of Business:

3200 PORT ROYALE DRIVE N., #704
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3200 PORT ROYALE DRIVE N., #704
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 52-2226824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, JOEL
3200 PORT ROYALE DR N #704
FORT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: EINBENDER, JOYCE
Address: 1800 N.E. 114TH STREET, #1002
City-St-Zip: MIAMI, FL 33181

Title: DS () Delete
Name: KLINE, STARLETT
Address: 3200 PORT ROYALE DRIVE #704
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PD (X) Delete
Name: KLINE, JOEL
Address: 3200 PORT ROYALE DR. N. #704
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DC (X) Delete
Name: OSCEOLA, MARCELLUS
Address: 6341 N.W. 34TH ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: CHAI (X) Delete
Name: OSCEOLA, MARCELLUS
Address: 3200 PORT ROYALE DR N #704
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PD (X) Delete
Name: KLINE, JOEL
Address: 3200 PORT ROYALE DR N #704
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KLINE, JOEL
Address: 3200 PORT ROYALE DR. N. #704
City-St-Zip: FT. LAUDERDALE, FL 33308

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

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

SIGNATURE: STARLETT KLINE

DS

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date