

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111604

Entity Name: FAMILY EAGLE, CORP.

FILED  
Aug 04, 2009  
Secretary of State

## Current Principal Place of Business:

2099 NE 173 STREET  
APT. #2  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

2099 NE 173 STREET  
SUITE #2  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

2780 NE 183RD STREET  
C-909  
AVENTURA, FL 33160

## New Mailing Address:

FEI Number: 65-1059526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, MARIO L  
2780 NE 183RD STREET  
C-909  
AVENTURA, FL 33160 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SILVA, MARIO L  
Address: 2780 NE 183RD STREET APTO C-909  
City-St-Zip: MIAMI, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SILVA, MARIO L  
Address: 2780 NE 183RD STREET APTO C-909  
City-St-Zip: MIAMI, FL 33160

Title: VPD ( ) Change (X) Addition  
Name: SILVA, LUCILLA F  
Address: 210 172ND ST APT 125  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 34

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: MARIO L SILVA

PD

08/04/2009

Electronic Signature of Signing Officer or Director

Date