

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000056256

Entity Name: 429 HIBISCUS CORP.

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

C/O BARED AND ASSOC, PA  
1500 SAN REMO #248  
CORAL GABLES, FL 33146

## **New Principal Place of Business:**

C/O 301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

## **Current Mailing Address:**

C/O BARED AND ASSOC, PA  
1500 SAN REMO #248  
CORAL GABLES, FL 33146

## **New Mailing Address:**

C/O 301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

FEI Number: 65-1139088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PABLO R. BARED ESQ., BARED & ASSOC., PA  
1500 SAN REMO AVENUE  
SUITE 248  
CORAL GABLES, FL 33146 US

## **Name and Address of New Registered Agent:**

ROZENCWAIG, NADEL & FERRERO-CARR LLP  
301 W. HALLANDALE BEACH BLVD.  
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: LESLIE ALAN ROZENCWAIG

04/30/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANTON, JOSE  
Address: 1500 SAN REMO AVE., STE. 248  
City-St-Zip: CORAL GABLES, FL 33146

Title: P/S (X) Delete  
Name: ANTON, PATRICIA  
Address: 1500 SAN REMO AVE., STE. 248  
City-St-Zip: CORAL GABLES, FL 33146

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: ANTON, PATRICIA  
Address: C/O 301 W. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: PATRICIA ANTON

PDS

04/30/2009

Electronic Signature of Signing Officer or Director

Date