2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026147

Entity Name: PRINCETON 628 HOLDINGS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

628 ZAMORA AVENUE CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

1001 BRICKELL BAY DRIVE 1410 - 20TH STREET, SUITE 202 SUITE #1400 202 MIAMI, FL 33131 MIAMI BEACH, FL 33139

FEI Number: 32-0008061 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:

ROSEN, BORIS
1001 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131 US

ROSEN, BORIS
1410 - 20TH STREET, SUITE 202
SUITE 202
MIAMI BEACH, FL 33139 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: BORIS ROSEN 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete

Name: DE OLIVEIRA FILHO, SAMUEL AUGUSTO

Address: 628 ZAMORA AVENUE City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete

Name: DE OLIVEIRA FILHO, SAMUEL AUGUSTO

Address: 628 ZAMORA AVENUE City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DE OLIVEIRA FILHO, SAMUEL AUGUSTO

Address: 1410 - 20TH STREET, SUITE 202

City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition

Name: DE OLIVEIRA FILHO, SAMUEL AUGUSTO

Address: 1410 - 20TH STREET, SUITE 202

City-St-Zip: MIAMI BEACH, FL 33139

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: SAMUEL AUGUSTO DE OLIVEIRA FILHO PRES 04/29/2009