2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083575

Entity Name: 3250 BUILDING CORP.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3250 N 29 HOLLYW(AVE DOD, FL 33020			
Current Mailing Address:			New Mailing Address:	
3250 N 29	NCED INSURA AVE DOD, FL 33020	NCE		
FEI Number	: 03-0476957	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
The above	DOD, FL 33020	US bmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
		: Signature of Registered Ag	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E SHELDON, HARV 18142 NW 15 CT PEMBROKE PINI		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () E FLOYD, CHARLE 16475 NE 32 AVE N MIAMI BCH, FL	Ī	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () E JACOBY, CHARL 4958 SW 88 ST CORAL GABLES	ES	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	S () E HEMPHILL, CHAF 18619 OCEAN M		Title: Name: Address:	() Change () Addition

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: HARVEY SHELDON D 03/24/2009