2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087819

Address:

City-St-Zip:

Entity Name: OPEN VALLEY AT PEMBROKE PINES, INC.

FILED Mar 25, 2009 Secretary of State

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Current Principal Place of Business:				New Prin	New Principal Place of Business:			
20170 PIN	ES BLVD							
SUITE 201		22220						
PEMBRU	KE PINES, FL	33029						
Current Mailing Address:				New Mail	New Mailing Address:			
20170 PIN	ES BLVD.			20170 PIN	IES BLVD			
SUITE 201 PEMBROKE PINES, FL 33029				SUITE 20	SUITE 201 PEMBROKE PINES, FL 33029			
PEMBROR	(E PINES, FL	33029		PEMBRO	KE PINES, FI	L 33029		
FEI Number:	: 14-1842264	FEI Number A	pplied For()	FEI Number Not App	olicable ()	Certificate of Status Desire	d (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
12578 PIN	A, ARMANDO ES BLVD KE PINES, FL							
	named entity e of Florida.	submits this sta	atement for the p	urpose of changing	its registered	d office or registered agent,	or both,	
SIGNATU	RE:							
	Electro	nic Signature of	Registered Age	nt		Date		
Election Car	npaign Financi	ng Trust Fund Cor	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	Р () Delete		Title:	P, D	(X) Change () Addition		
Name:	AZPURUA, BL			Name:	AZPURUA, B			
Address:		BLVD. SUITE 202		Address:		S BLVD. SUITE 202		
City-St-Zip:	PEMBROKE	PINES, FL 33029		City-St-Zip:	PEIVIBROKE	PINES, FL 33029		
Title:	S () Delete		Title:		() Change () Addition		
Name:	AZPURUA, FE			Name:				
Address:		BLVD. SUITE 202		Address:				
City-St-Zip:	PEIVIBRUKE I	PINES, FL 33029		City-St-Zip:				
Title: Name:	() Delete		Title: Name:	D ZEMELLA, J	() Change (X) Addition ORGE		

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.

Address:

City-St-Zip:

4120 GEORGES WAY

BOCA RATON, FL 33434 US

SIGNATURE: FERNANDO AZPURUA S 03/25/2009