

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097763

Entity Name: 2316 SOUTH DIXIE, INC.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

2316 S DIXIE HWY  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

222 LAKEVIEW AVE  
STE 1630  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

222 LAKEVIEW AVE  
PH 5  
WEST PALM BEACH, FL 33401

FEI Number: 68-0525846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOEPEL, JOEL P ESQ  
1016 CLEARWATER PLACE  
WEST PALM BEACH, FL 33401 US

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

KOEPEL, JOEL P ESQ  
400 AUSTRALIAN AVENUE STE 300  
WEST PALM BEACH, FL 33401 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/22/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: MORRISON, CARLOS  
Address: 222 LAKEVIEW DR PH5  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: MORRISON, THOMAS  
Address: 222 LAKEVIEW AVE PH5  
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS MORRISON

Electronic Signature of Signing Officer or Director

PTSD

04/22/2009

Date