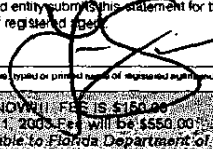
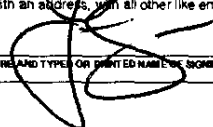


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000117219					
1. Entity Name 2009 CORP.					
Principal Place of Business 3100 NW 72ND AVENUE SUITE 102 MIAMI, FL 33122		Mailing Address 3100 NW 72ND AVENUE SUITE 102 MIAMI, FL 33122			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0650785	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name LUIS E. SOSA Street Address (P.O. Box Number is Not Acceptable) 3100 NW 72ND Ave, Ste 102 City MIAMI FL Zip Code 33122	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4-29-03	
FILE NOV 11, 2003. FEE IS \$150.00. After May 1, 2003, Fee will be \$550.00. Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOSA, LUIS E		NAME		
STREET ADDRESS	3100 NW 72ND AVENUE, SUITE 102		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33122		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 4-29-03 305-430-8999	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

70052036



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)