

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049802

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA WEDDINGS AND SPECIAL EVENTS, INC.

**Current Principal Place of Business:**

2791 20TH AVE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

903 ALASKA AVE  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

2791 20TH AVE NE  
UNIT 1  
NAPLES, FL 34120

**New Mailing Address:**

903 ALASKA AVE  
LEHIGH ACRES, FL 33971

**FEI Number:** 30-0199420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBUERNE, ISABEL T  
2791 20TH AVENUE N.E.  
NAPLES, FL 34120 US

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

ALBUERNE, ISABEL T  
903 ALASKA AVE  
LEHIGH ACRES, FL 33971 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: ISABEL T. ALBUERNE

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VS ( ) Delete  
Name: ALBUERNE, CARLOS M  
Address: 2791 20TH AVENUE N.E.  
City-St-Zip: NAPLES, FL 34120

Title: PT ( ) Delete  
Name: ALBUERNE, ISABEL T  
Address: 2791 20TH AVENUE N.E.  
City-St-Zip: NAPLES, FL 34120

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

Title: VS (X) Change ( ) Addition  
Name: ALBUERNE, CARLOS M  
Address: 903 ALASKA AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PT (X) Change ( ) Addition  
Name: ALBUERNE, ISABEL T  
Address: 903 ALASKA AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

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: ISABEL T. ALBUERNE

PT

04/30/2009

Electronic Signature of Signing Officer or Director

Date