

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000071691

**FILED**  
**Dec 27, 2009**  
**Secretary of State****Entity Name:** NOCTURNAL MIAMI, INC.**Current Principal Place of Business:**50 NE 11TH STREET  
MIAMI, FL 33132**New Principal Place of Business:****Current Mailing Address:**50 NE 11TH STREET  
MIAMI, FL 33132**New Mailing Address:**1602 ALTON RD  
STE 630  
MIAMI BEACH, FL 33139**FEI Number:** 65-1196189**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VIRGEN, MARIELY  
1602 ALTON RD  
#630  
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**KOFMAN, GLENN  
1602 ALTON RD  
#630  
MIAMI BEACH, FL 33139 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: GLENN KOFMAN

12/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PTD ( ) Delete  
**Name:** VIRGEN, MARIELY  
**Address:** 50 NE 11TH STREET  
**City-St-Zip:** MIAMI, FL 33132**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PTD (X) Change ( ) Addition  
**Name:** KOFMAN, GLENN  
**Address:** 1602 ALTON RD #630  
**City-St-Zip:** MIAMI BEACH, FL 33139

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: GLENN KOFMAN

PTD

12/27/2009

Electronic Signature of Signing Officer or Director

Date