

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030374

Entity Name: MYSTIC POINTE #2506, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

3530 MYSTIC POINTE DRIVE #2506
AVENTURA, FL 33180

New Principal Place of Business:

3530 MYSTIC POINTE DRIVE
2506
AVENTURA, FL 33180

Current Mailing Address:

700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004

New Mailing Address:

3530 MYSTIC POINTE DRIVE
2506
AVENTURA, FL 33180

FEI Number: 75-3181484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEILL, CARINE
Address: 3530 MYSTIC POINTE DRIVE #2506
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: WEILL, GUY
Address: 3530 MYSTIC POINTE DRIVE #2506
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEILL, CARINE
Address: 3530 MYSTIC POINTE DRIVE # 2506
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Change () Addition
Name: WEILL, GUY
Address: 3530 MYSTIC POINTE DRIVE # 2506
City-St-Zip: AVENTURA, FL 33180

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: CARINE WEILL

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date