2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P04000085160

Entity Name: DELABRA'S SOD, INC.

Current Principal Place of Business:

5734 LAGO VILLAGGIO WAY
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

5734 LAGO VILLAGGIO WAY
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-1187082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABRA, LEOCADIA P
5734 LAGO VILLAGGIO WAY
NAPLES, FL 34104 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LABRA, LEOCADIA
Address: 5734 LAGO VILLAGGIO WAY
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S ( ) Change (X) Addition
Name: LABRA, POMPILIO
Address: 5211 RAINTREE LANE
City-St-Zip: NAPLES, FL 34113

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: LEOCADIA LABRA P 03/10/2009

Electronic Signature of Signing Officer or Director — Date