2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103299

Entity Name: CONTEMPORARY LIVING CORP.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2801 FLORIDA AVENUE 2801 FLORIDA AVENUE

SUITE 227 SUITE 415

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2801 FLORIDA AVENUE 2801 FLORIDA AVENUE

SUITE 227 SUITE 415

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

FEI Number: 20-1380312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SISSOM, BEATRIZ C SISSOM, BEATRIZ C 2801 FLORIDA AVE #227 2801 FLORIDA AVE #415

COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 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: 03/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 MENDEZ, EDUARDO A
 Name:
 MENDEZ, EDUARDO A

 Address:
 2801 FLORIDA AV 227
 Address:
 2801 FLORIDA AV 415

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: VS () Delete Title: VS (X) Change () Addition

Name:SISSOM, BEATRIZ CName:SISSOM, BEATRIZ CAddress:2801 FLORIDA AV 227Address:2801 FLORIDA AV 415City-St-Zip:COCONUT GROVE, FL 33133City-St-Zip:COCONUT GROVE, FL 33133

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: EDUARDO MENDEZ PT 03/04/2009