

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116099

Entity Name: COMTRUST INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

2999 NE 191ST STREET  
601  
ADVENTURA, FL 33180

## Current Mailing Address:

2999 NE 191ST STREET  
601  
ADVENTURA, FL 33180

## New Principal Place of Business:

16850-112 COLLINS AVE  
111  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

16850-112 COLLINS AVE  
111  
SUNNY ISLES BEACH, FL 33160

FEI Number: 34-2010694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEHLER, STUART  
2999 NE 191ST STREET  
SUITE 601  
ADVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

REDDING, TIMOTHY  
16850-112 COLLINS AVE  
111  
SUNNY ISLES BEACH, FL 33160 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: TIMOTHY B REDDING

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TIMOTHY, REDDING B  
Address: 2999 NE 191ST STREET, STE 601  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete  
Name: MEHLER, STUART A  
Address: 2999 NE 191ST STREET, STE 601  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete  
Name: SELIN, CHARLES J  
Address: 2999 NE 191ST STREET  
City-St-Zip: AVENTURA,, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TIMOTHY, REDDING B  
Address: 16850-112 COLLINS AVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

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

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: TIMOTHY B REDDING

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date