2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160828

Entity Name: LARIST HOLDINGS, INC.

FILED Jan 30, 2009 Secretary of State

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

13105 N.W. 47TH AVENUE 4715 N.W. 157TH STREET SUITE 121 OPA-LOCKA, FL 33054 US MIAMI GARDENS, FL 33014 US

Current Mailing Address: New Mailing Address:

P.O. BOX 5800

MIAMI LAKES, FL 33014 US

FEI Number: 20-2019189 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:

BARD, LARRY I
13105 N.W. 47TH AVENUE
0PA-LOCKA, FL 33054 US

BARD, LARRY I
4715 N.W. 157TH STREEET
MIAMI GARDENS, FL 33014 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: 01/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition

Name: BARD, LARRY I Name: BARD, LARRY I

 Address:
 13105 N.W. 47TH AVENUE
 Address:
 4715 N.W. 157TH STREET SUITE 121

 City-St-Zip:
 OPA-LOCKA, FL 33054 US
 City-St-Zip:
 MIAMI GARDENS, FL 33014 US

Title: VP/D () Delete Title: VP/D (X) Change () Addition

Name: BARD, STEVEN Name: BARD, STEVEN

 Address:
 13105 N.W. 47TH AVENUE
 Address:
 4715 N.W. 157TH STREET SUITE 121

 City-St-Zip:
 OPA-LOCKA, FL 33054 US
 City-St-Zip:
 MIAMI GARDENS, FL 33014 US

Title: S/D () Delete Title: S/D (X) Change () Addition

Name: BARD, RICHARD Name: BARD, RICHARD

Address: 13105 N.W. 47TH AVENUE Address: 4715 N.W. 157TH STREET SUITE 121
City-St-Zip: OPA-LOCKA, FL 33054 US City-St-Zip: MIAMI GARDENS, FL 33014 US

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: LARRY I BARD PRES 01/30/2009