

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064994

**FILED
Feb 10, 2009
Secretary of State**

Entity Name: MIAMI ANTIQUE & DESIGN EXPO, INC.

Current Principal Place of Business:

8330 BISCAYNE BLVD.
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8330 BISCAYNE BLVD.
MIAMI, FL 33138

New Mailing Address:

FEI Number: 36-4575167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASSELLO, ROBERT
8330 BISCAYNE BLVD.
MIAMI, FL 33138 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASSELLO, ROBERT
Address: 8330 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: MASSELLO, CARL JASON
Address: 8330 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MASSELLO, CARL JASON
Address: 8330 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

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: CARL J MASSELLO

VP

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date