2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121160

RODRIGUEZ, TINA Y

5831 IMPERIAL KEY

TAMPA, FL 33615

Name:

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Entity Name: CYPRESS SHORES INVESTMENTS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
362 RAINF OLDSMAR	OREST COUR , FL 34677	T			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
362 RAINF OLDSMAR	OREST COUR , FL 34677	T			
FEI Number:	03-0572446	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
VALLAR, GIORGIO 501 E. KENNEDY BLVD SUITE 1700 TAMPA, FL 33602 US				VALLAR, GIORGIO 1803 BRIAR CREEK BLVD. SAFETY HARBOR, FL 34695 US	
The above in the State		ubmits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: GIORGIO VALLAR				05/01/2009	
	Electroni	c Signature of Registered Ager	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () VALLAR, GIORG 362 RAINFORES OLDSMAR, FL	ST COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () VALLAR, APRIL 362 RAINFORES OLDSMAR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () RODRIGUEZ, C 5831 IMPERIAL TAMPA, FL 336	KEY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	SD ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GIORGIO VALLAR VD 05/01/2009