

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161493

FILED
May 17, 2009
Secretary of State

Entity Name: ARDELEAN PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

3768 W COQUINA WAY
WESTON, FL 33322

New Principal Place of Business:

3768 W COQUINA WAY
WESTON, FL 33332

Current Mailing Address:

3768 W COQUINA WAY
WESTON, FL 33322

New Mailing Address:

3768 W COQUINA WAY
WESTON, FL 33332

FEI Number: 20-3444604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARDELEAN, SORIN
3768 COQUINA WAY
WESTON, FL 33322 US

Name and Address of New Registered Agent:

ARDELEAN, SORIN
3768 COQUINA WAY
WESTON, FL 33332 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: SORIN ARDELEAN

05/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARDELEAN, SORIN
Address: 3768 W COQUINA WAY
City-St-Zip: WESTON, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARDELEAN, DAVID
Address: 4101 HIATUS RD UNIT 107
City-St-Zip: SUNRISE, FL 33351

Title: O () Change (X) Addition
Name: ARDELEAN, SORIN
Address: 3768 W COQUINA WAY
City-St-Zip: WESTON, FL 33332

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: SORIN ARDELEAN

OFFI

05/17/2009

Electronic Signature of Signing Officer or Director

Date