

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000161493

FILED
Jun 05, 2009
Secretary of State**Entity Name:** ARDELEAN PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**3768 W COQUINA WAY
WESTON, FL 33332**New Principal Place of Business:****Current Mailing Address:**3768 W COQUINA WAY
WESTON, FL 33332**New Mailing Address:****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 33332 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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SORIN ARDELEAN

MGR

06/05/2009

Electronic Signature of Signing Officer or Director

Date