

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029394

Entity Name: CSA GROUP FLORIDA, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6100 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 66-0671916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIEFKOHL, FREDERIK
6100 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126 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: STD () Delete
Name: RIEFKOHL, FREDERIK L
Address: MERCANTIL PLAZA, MEZZANINE SUITE
City-St-Zip: SAN JUAN, PR 00918 US

Title: P () Delete
Name: MELGAREJO, JUAN
Address: 6100 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126 US

Title: V () Delete
Name: SUAREZ, JESUS J
Address: MERCANTIL PLAZA MEZZANINE SUITE
City-St-Zip: SAN JUAN, PR 00918

Title: V () Delete
Name: BROWN, WILLIAM
Address: 6100 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JUAN MELGAREJO

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date