

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000067936

FILED
Oct 12, 2009
Secretary of State**Entity Name:** EXECUTIVE ONE PROPERTY MANAGEMENT INC.**Current Principal Place of Business:**1511 E. COMMERCIAL BLVD.
141
FORT LAUDERDALE, FL 33334**New Principal Place of Business:**2075 N. POWERLINE ROAD
SUITE #6
POMPANO BEACH, FL 33069**Current Mailing Address:**1511 E. COMMERCIAL BLVD.
141
FORT LAUDERDALE, FL 33334**New Mailing Address:**2075 N. POWERLINE ROAD
SUITE #6
POMPANO BEACH, FL 33069**FEI Number:** 87-0770849**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMOR, ORLY
1511 E. COMMERCIAL BLVD.
141
FORT LAUDERDALE, FL 33334 US**Name and Address of New Registered Agent:**AMOR, ORLY
2075 N. POWERLINE ROAD
SUITE #6
POMPANO BEACH, FL 33069 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: OA

10/12/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: AMOR, ORLY
Address: 1511 E COMMERCIAL BLVD #141
City-St-Zip: FORT LAUDERDALE, FL 33334**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: AMOR, ORLY
Address: 2075 N. POWERLINE ROAD, SUITE #6
City-St-Zip: POMPANO BEACH, FL 33069

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: OA

P

10/12/2009

Electronic Signature of Signing Officer or Director_____
Date