2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P06000140856

Entity Name: SNS 42, INC.

Current Principal Place of Business:

4900 S. LE JEUNE RD.
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4900 S. LE JEUNE RD.
CORAL GABLES, FL 33146 US

New Mailing Address:

5667 NW 36 STREET
MIAMI SPRINGS, FL 33166 US

FEI Number: 20-5849522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD OSHINSKY, P.A.
LAS OLAS CENTRE II
SUITE 970
FT. LAUDERDALE, FL 33301 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: P ( ) Delete
Name: SHIHADEH, MARWAN
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VP ( ) Delete
Name: ABDELLATIF-SHIHADEH, NIDAL
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: D ( ) Delete
Name: SHIHADEH, MIGUEL
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: D ( ) Delete
Name: SHIHADEH, MAHMUD A
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHIHADEH, MARWAN
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

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

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

Title: P (X) Change ( ) Addition
Name: SHIHADEH, MAHMUD A
Address: 5665 N.W. 36 STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

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: MAHMUD SHIHADEH PRES 03/26/2009

Electronic Signature of Signing Officer or Director Date