

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152523

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FLORIDA RETAIL ADVISORS, INC.

## Current Principal Place of Business:

2255 SHELL AVE  
INDIALANTIC, FL 32903

## New Principal Place of Business:

## Current Mailing Address:

2255 SHELL AVE  
INDIALANTIC, FL 32903

## New Mailing Address:

FEI Number: 20-8026640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNO, ANDREW P  
1601 AIRPORT BLVD  
SUITE 2  
MELBOURNE, FL 32901 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: PT ( ) Delete  
Name: BANGOS, JACQUELINE  
Address: 2255 SHELL AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VS ( ) Delete  
Name: BANGOS, GEORGE  
Address: 2255 SHELL AVE  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JACQUELINE BANGOS

PT

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date