## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000014455

GALDOS, JESÚS I

2121 PONCE DE LEON BLVD. #1050

CORAL GABLES, FL 33134

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Nar	ne: FLORI	DA HOMES 2000, CORP.							
Current Principal Place of Business:				New Principal Place of Business:					
2625 WES WESTON,	TON ROAE FL 33331	)							
Current M	Ne	New Mailing Address:							
2121 PONO STE 1050	CE DE LEC	N BLVD							
CORAL GA	ABLES, FL	33134							
FEI Number:	20-8358237	FEI Number Applied For	( ) FEI Number	Not Applic	able ( )	Certific	ate of Status D	esired ( )	
Name and	Address o	of Current Registered Age	nt: Na	Name and Address of New Registered Agent:					
CONSULT 2121 PONO STE 1050 CORAL GA	CE DE LEC		,, INC.						
The above in the State		ty submits this statement fo	r the purpose of cha	anging its	registered o	office or I	registered ag	gent, or both,	
SIGNATUR	RE:								
	Elect	ronic Signature of Register	ed Agent				Date		
Election Can	npaign Finan	cing Trust Fund Contribution (	).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:		(X) Delete GNACIO E DE LEON BLVD. #1050 BLES, FL 33134			(	) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	VP MUNOZ, BF 1720 SW 1: DAVIE, FL	55TH AVE.			(	) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	S MARTIN, YE 1720 SW 1: DAVIE, FL	55TH AVE.			PS (X MARTIN, YEN! 1720 SW 155T DAVIE, FL 333	S H AVE.	( ) Addition		
Title:	s	( ) Delete	Title		D (X	) Change	( ) Addition		

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.

Name:

Address:

City-St-Zip:

GALDOS, JESÚS I

2121 PONCE DE LEON BLVD. #1050

CORAL GABLES, FL 33134

SIGNATURE: YENIS MARTIN PS 04/15/2009