

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074881

FILED
Jan 22, 2009
Secretary of State

Entity Name: OUR FINANCIAL HOLDINGS, INC.

Current Principal Place of Business:

1790 SW 22ND STREET
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1790 SW 22ND STREET
SUITE 201
MIAMI, FL 33145

New Mailing Address:

FEI Number: 26-0463504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, FRANCISCO J ESQ
2525 PONCE DE LEON BOULEVARD
STE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALIREZA, OMAR F
1790 SW 22ND STREET
SUITE 201
MIAMI, FL 33145 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: OMAR ALIREZA

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, FRANCISCO J
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: ALIREZA, OMAR F
Address: 1790 SW 22ND STREET, SUITE 201
City-St-Zip: MIAMI, FL 33145

Title: D (X) Delete
Name: SANTANDREU, EMILIO M
Address: 1790 SW 22ND STREET, SUITE 201
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTANDREU, EMILIO M
Address: 1790 SW 22ND STREET, SUITE 201
City-St-Zip: MIAMI, FL 33145

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: OMAR ALIREZA

OFFI

01/22/2009

Electronic Signature of Signing Officer or Director

Date