2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080702

Entity Name: 954PC INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10286 NW 47TH ST. 10222 NW 47TH ST. SUNRISE, FL 33351 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

10286 NW 47TH ST 10222 NW 47TH ST. SUNRISE, FL 33351 SUNRISE, FL 33351

FEI Number: 26-0538386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALFONSO, ROBERT R ALFONSO, ROBERT R 10286 NW 47TH STREET 10222 NW 47TH STREET SUNRISE, FL 33351 SUNRISE, FL 33351

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: 04/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition ALFONSO, ROBERT R ALFONSO, ROBERT R Name: 10286 NW 47TH STREET Address: 10222 NW 47TH STREET Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351

Title: VΡ Title: VΡ (X) Change () Addition () Delete MONTAGUE, MARIANNE Name:

Name: MONTAGUE, MARIANNE 4770 49TH AVENUE **4225 55TH STREET** Address: Address: VERO BEACH, FL 32967 VERO BEACH, FL 32967 City-St-Zip: City-St-Zip:

Title: Title: () Delete SEC () Change (X) Addition

Name: GARCIA, TOMAS Name: Address: 9603 NW 48TH ST. Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33351

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: ROBERTT ALFONSO **PRES** 04/16/2009