

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109010

FILED
Mar 24, 2009
Secretary of State

Entity Name: INFINITI RESOURCE MANAGEMENT OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4508 OAK FAIR BLVD
270
TAMPA, FL 33572

New Principal Place of Business:

10401 HIGHLAND MANOR DRIVE
220
TAMPA, FL 33610

Current Mailing Address:

4508 OAK FAIR BLVD
270
TAMPA, FL 33610

New Mailing Address:

10401 HIGHLAND MANOR DRIVE
220
TAMPA, FL 33610

FEI Number: 74-3234649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREUND, JEFF
4508 OAK FAIR BLVD
270
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

FREUND, JEFF
10401 HIGHLAND MANOR DRIVE
220
TAMPA, FL 33610 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, CLARISSA
Address: 7663 NOTTINGHILL SKY DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: EVP () Delete
Name: JONES, MICHAEL
Address: 11451 WESTON COURSE LOOP
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: JONES, DOROTHEA
Address: 3901 HALLOAK CT
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CLARISSA THOMPSON

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date