## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000051630

Entity Name: SECOND INFANTRY OF FLORIDA, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:

813 LORCA ST
CORAL GABLES,, FL 33134 US

Current Mailing Address:

813 LORCA ST
CORAL GABLES,, FL 33134 US

New Mailing Address:

813 LORCA ST
CORAL GABLES,, FL 33134 US

FEI Number: 80-0252880 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PEREDA, BENIGNO R JR.

323 SW 23 AVE
MIAMI, FL 33135 US

PEREDA, BENIGNO R III.
323 SW 23 AVE
MIAMI, FL 33135 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: BENIGNO R. PEREDA III. 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: CASABLANCO, JOSE Name: CASABLANCA, JOSE

Address: 813 LORCA ST Address: 813 LORCA ST

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: PEREDA, BENIGNO R JR. Name: PEREDA, BENIGNO R III.

 Name:
 PEREDA, BENIGNO R JR.
 Name:
 PEREDA, BENIGNO R II

 Address:
 323 SW 23 AVE
 Address:
 323 SW 23 AVE

 City-St-Zip:
 MIAMI, FL 33135 US
 City-St-Zip:
 MIAMI, FL 33135 US

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LAMBERTO, BRUCE
 Name:

 Address:
 3420 N.E. 165 ST
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33160
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RUDD, STANLÉY R
 Name:

 Address:
 20291 N.E. 30 AVE APT.# 122
 Address:

 City-St-Zip:
 AVENTURA, FL 33180 US
 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: BENIGNO R. PEREDA III. VP 04/27/2009