

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000058780

FILED
Apr 30, 2009
Secretary of State**Entity Name:** NEW YORK STATE PROPERTY HOLDINGS, INC.**Current Principal Place of Business:**6813 SW 81 STREET
MIAMI, FL 33143 US**New Principal Place of Business:**11002 NW SOUTH RIVER DR
MEDLEY, FL 33178 US**Current Mailing Address:**11002 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178 US**New Mailing Address:**11002 NW SOUTH RIVER DR
MEDLEY, FL 33178 US**FEI Number:** 26-3170018**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LISTA, WALTER L PRES
6813 SW 81 STREET
MIAMI, FL 33146 US**Name and Address of New Registered Agent:**ALVAREZ, CARBONEL, & GOMEZ
2330 PONCE DE LEON BLVD
201
CORAL GABLES, FL 33134 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: B ALVAREZ

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LISTA, WALTER L PRES
Address: 6813 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: MGR (X) Delete
Name: LISTA, WALTER A MGR
Address: 11002 NW SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33178 US

Title: VICE (X) Delete
Name: LISTA, MARTA P VICE
Address: 6813 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: VICE (X) Delete
Name: SULLIVAN, AIDAN J VICE
Address: 6813 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: SECR (X) Delete
Name: EDWARDS-SULLIVAN, ISABEL L SECR
Address: 6813 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: NYSP
Address: 11002 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

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

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: B. ALVAREZ

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date