

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060929

Entity Name: A.F. ORCHID GROVE 617, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2860558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALVAREZ, CAMILO
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD () Delete
Name: FUGUET, DESIRE
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ALVAREZ, JENNIFER
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FUGUET, JEAN C.
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: FUGUET, DESIREE
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

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: CAMILO ALVAREZ

PSD

03/16/2009

Electronic Signature of Signing Officer or Director

Date