2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104305

YAFFE, MARK

TAMPA, FL 33618

14499 NORTH DALE MABRY STE. 155-S

Name:

Address: City-St-Zip:

Entity Name: FLORIDA COIN GRADERS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14499 NORTH DALE MABRY 155-S TAMPA, FL 33618 **New Mailing Address: Current Mailing Address:** P. O. BOX 276000 14499 NORTH DALE MABRY 155-S TAMPA, FL 33688 TAMPA, FL 33618 FEI Number: 26-4072836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLINE, KEVIN F 2665 SOUTH BAYSHORE DRIVE 903 MIAMI, FL 33133 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition YAFFE, MARK Name: Name: 14499 NORTH DALE MABRY SUITE 155-S Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YAFFE, MARK Name: 14499 NORTH DALE MABRY, SUITE 155-S Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK YAFFE PRES 04/22/2009