2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002886

Name:

Address:

City-St-Zip:

SALINAS, SILVIA

4501 PRAIRIE AVE., APT #6

MIAMI BEACH, FL 33140

Entity Name: PRAIRIE GOTHIC DEVELOPMENT CORPORATION

FILED Apr 08, 2009 Secretary of State

Thirty Name: Province Several Metal Cold Clother					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	RIE AVENUE ACH, FL 33140				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	RIE AVENUE ACH, FL 33140				
FEI Number:	65-0392125	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
WEINTRAUB, ARLEEN R 4501 PRAIRIE AVENUE SUITE #1 MIAMI BEACH, FL 33140 US			4501 PRAIRIÉ AVENUE APT. #1	WEINTRAUB, ARLEEN R 4501 PRAIRIE AVENUE APT. #1 MIAMI BEACH, FL 33140 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/08/2009	
Election Can		c Signature of Registered Agen Trust Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () WEINTRAUB, AF 4501 PRAIRIE A MIAMI BEACH, F	VE., APT #1	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () SCHNEIDER, PH 989 NE 95 ST MIAMI, FL 3313		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	VSD ()	Delete	Title: () 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: ARLEEN R. WEINTRAUB P 04/08/2009