

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044632

Entity Name: 541 WAREHOUSE CORP.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

524 ISLE OF CAPRI DRIVE
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN LYNN
TWO S UNIVERSITY DR STE 215
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0418583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, BRIAN CPA
2 S. UNIVERSITY DRIVE
STE 215
PLANTATION, FL 33324 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: P () Delete
Name: BATES, JAMES THOMAS
Address: 524 ISLE OF CAPRI DRIVE
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATES, JAMES T
Address: 524 ISLE OF CAPRI DRIVE
City-St-Zip: FT. LAUDERDALE, FL

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: JAMES T. BATES

P

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date