2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# P93000078954

Entity Name: 9404 CORPORATION

Current Principal Place of Business:

9404 NW 49 PLACE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

9404 NW 49 PLACE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0464717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, HOWARD W
1395 BRICKELL AVE
14TH FLOOR
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHWADRON, EVAN
Address: 9404 NW 49 PLACE
City-St-Zip: SUNRISE, FL

Title: CD ( ) Delete
Name: SCHWADRON, JACK
Address: 9404 NW 49 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: PD ( ) Delete
Name: SCHWADRON, DAVID
Address: 9404 NW 49 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: LAUREN, LAURIE
Address: 9404 NW 49TH PLACE
City-St-Zip: SUNRISE, FL

Title: DS ( ) Delete
Name: SCHREIBER, HELAINE
Address: 9404 NW 49TH PLACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: DAVID SCHWADRON PD 07/18/2008

Electronic Signature of Signing Officer or Director Date