

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095074

FILED
Jan 23, 2009
Secretary of State

Entity Name: AIRPORT INTERNATIONAL PARK OF ORLANDO, INC.

Current Principal Place of Business:

255 SOUTH ORANGE AVE., STE 1500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

255 SOUTH ORANGE AVE., STE 1500
1500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 65-0645661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABGA, S P
255 SOUTH ORANGE AVE., STE 1500
ORLANDO, FL 32801 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: SABGA, S PAUL
Address: 255 SOUTH ORANGE AVE., STE 1500
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: SABGA, JOSEPH
Address: 290 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T () Delete
Name: SABGA, EMILE
Address: 290 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD () Delete
Name: SABGA, PETER
Address: 290 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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: S. PAUL SABGA

PSD

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date