

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097130

Entity Name: ADOBE PROPERTIES, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

% THOMAS PERRI
665 SE WHITMORE DR
PT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

% THOMAS PERRI
665 SE WHITMORE DR
PT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0629065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, THOMAS
665 SE WHITMORE DR
PRT ST LUCIE, FL 34984 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: LAUFENBERG, GARY
Address: 11106 DES MOINES COURT
City-St-Zip: COOPER CITY, FL 33026

Title: S/T () Delete
Name: ORTEGA, ELSIE
Address: 665 SE WHITMORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAUFENBERG, GARY
Address: 3690 NW 87TH AVE
City-St-Zip: COOPER CITY, FL 33024

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: GARY LAUFENBERG

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date