

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015756

FILED
Apr 23, 2009
Secretary of State

Entity Name: SNELL, INC.

Current Principal Place of Business:

2280 N.W. 152 TERRACE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

19711 NW 37 TH AVE
MIAMI-GARDENS, FL 33056

New Mailing Address:

19713 NW 37 TH AVE
MIAMI-GARDENS, FL 33056

FEI Number: 65-0642631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNELL, DARPHINE L
19713 NW 37 TH AVE
MIAMI-GARDENS, FL 33056 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: PD () Delete
Name: SNELL, DARPHINE L
Address: 19713 NW 37TH AVE
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: SNELL, PATRICIA
Address: 11630 SW 12 ST
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SNELL, PATRICIA
Address: 2280 NW 152ND TERRACE
City-St-Zip: MIAMI- GARDENS, FL 33056

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: DARPHINE SNELL

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date