

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000051470

**FILED  
Apr 30, 2009  
Secretary of State**

Entity Name: 2486, INC.

**Current Principal Place of Business:**

2486 SW 27TH TERRACE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2486 SW 27TH TERRACE  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 59-3490507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOOM, CHARLES E  
10950 SW 83RD STREET  
MIAMI, FL 33156 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: BLOOM, CHARLES E  
Address: 11001 SW 75 CT  
City-St-Zip: MIAMI, FL 33102

Title: VPD ( ) Delete  
Name: BLOOM, DEBORAH K  
Address: 10950 SOUTHWEST 83 STREET  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARELS E. BLOOM

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date