

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067122

Entity Name: 2703 ST. CLAIR AVE., INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

3904 SE OLD ST LUCIE BLVD  
STUART, FL 34996

## New Principal Place of Business:

22 CASTLE HILL WAY  
SEWALL'S POINT, FL 34996

## Current Mailing Address:

3904 SE OLD ST LUCIE BLVD  
STUART, FL 34996

## New Mailing Address:

22 CASTLE HILL WAY  
SEWALL'S POINT, FL 34996

FEI Number: 65-0772650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VINY, JUDY  
3904 SE OLD ST. LUCIE BLVD  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

VINY, JUDY  
22 CASTLE HILL WAY  
SEWALL'S POINT, FL 34996 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VINY, JUDY  
Address: 3904 SE OLD ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete  
Name: GLASSER, GENE  
Address: C/O 2021 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD ( ) Delete  
Name: HIRSH, CHARLES  
Address: C/O 7990 SW 117 AVENUE SUITE 203  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VINY, JUDY  
Address: 22 CASTLE HILL WAY  
City-St-Zip: SEWALL'S POINT, FL 34996

Title: SD (X) Change ( ) Addition  
Name: GLASSER, GENE  
Address: C/O GREENSPOON 100 W. CYPRESS CREEK RD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: TD (X) Change ( ) Addition  
Name: HIRSH, CHARLES  
Address: 7990 SW 117 AVENUE SUITE 203  
City-St-Zip: MIAMI, FL 33183

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: JUDY VINY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date