

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001692

Entity Name: NORMANDY BAY CORP.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

500 NE 185 ST
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 65-0803892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, JUDITH
900 BAY DR PH 1
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

BERSON-LEVINSON, JUDITH
900 BAY DR PH 1
MIAMI BEACH, FL 33141 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: JUDITH BERSON-LEVINSON

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LEVINSON, TAL
Address: 500 NE 185 ST
City-St-Zip: MIAMI, FL 33179 US

Title: VP () Delete
Name: LEVINSON, TAL
Address: 500 NE 185 STREET
City-St-Zip: MIAMI, FL 33179 US

Title: SECT () Delete
Name: LEVINSON, RONEY
Address: 615 SOUTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: TREA () Delete
Name: LEVINSON, ROY
Address: 615 SOUTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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: TAL LEVINSON

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date