

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031323

Entity Name: ENSPOT.COM, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1250 EAST HALLANDALE BEACH BLVD
SUITE 609
HALLANDALE, FL 33009

Current Mailing Address:

1250 EAST HALLANDALE BEACH BLVD
SUITE 609
HALLANDALE, FL 33009

New Principal Place of Business:

4400 BISCAYNE BLVD
SUITE 550
MIAMI, FL 33137 US

New Mailing Address:

4400 BISCAYNE BLVD
SUITE 550
MIAMI, FL 33137 US

FEI Number: 65-0909568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, K.
1250 EAST HALLANDALE BEACH BLVD
SUITE 609
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

ARNOLD, K.
4400 BISCAYNE BLVD
SUITE 550
MIAMI, FL 33137 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: K. ARNOLD

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, K.
Address: 1250 E HALLANDALE BEACH BLVD, #609
City-St-Zip: HALLANDALE, FL 33009

Title: STD () Delete
Name: ARNOLD, J.
Address: 1250 E. HALLANDALE BEACH BLVD., #609
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARNOLD, K.
Address: 4400 BISCAYNE BLVD., #550
City-St-Zip: MIAMI, FL 33137

Title: STD (X) Change () Addition
Name: ARNOLD, J.
Address: 4400 BISCAYNE BLVD., #550
City-St-Zip: MIAMI, FL 33137

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: K. ARNOLD

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date