## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V09565

FILED Apr 09, 2009 Secretary of State

Entity Name: 10111 SOUTH FEDERAL CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 1601 BELEVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406 **Current Mailing Address: New Mailing Address:** 1601 BELEVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406 FEI Number: 65-0318898 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAPES, PAUL 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition METZ, JOHN C Name: Name: 8008 SOUTH FLAGLER COURT Address: Address: City-St-Zip: W. PALM BEACH, FL City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: ASARCH, GAIL Name: 1601 BELVEDERE ROAD, SUITE 407 SOUTH Address: Address: W. PALM BEACH, FL City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MAPES, PAUL Name: Name: 1601 BELVEDERE ROAD #407 S Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition MEYER, SYDELLE Name: Name: Address: 1601 BELVEDERE ROAD #407 S Address: City-St-Zip: WEST PALM BEACH, FL 33406 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: PAUL MAPES T 04/09/2009