

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# 649530

Entity Name: "S" CORPORATION

**Current Principal Place of Business:**

3912 SW 8 STREET  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 141275  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 59-1957032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANCHEZ, JUSTO F  
3912 SW 8 STREET  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANCHEZ, JUSTO F  
Address: 216 CAMPINA CT.  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: SANCHEZ, JUSTO J  
Address: 8955 COLLINS AVE. # 115  
City-St-Zip: MIAMI BEACH, FL 33154

Title: PCM ( ) Delete  
Name: SANCHEZ, LOURDES B  
Address: 66 CAMPINA COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete  
Name: LEONOR, RUA  
Address: 216 CAMPINA CT.  
City-St-Zip: CORAL GABLES, FL 33134

**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: LOURDES B SANCHEZ

PCM

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date