## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004404

**Entity Name: SOON TO BE NAMED CORPORATION** 

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

501 BRICKELL KEY DRIVE STE 300 1688 MERIDIAN AVENUE

MIAMI, FL 33131 SUITE 1000 MIAMI BEACH, FL 33139

**Current Mailing Address:** New Mailing Address:

501 BRICKELL KEY DRIVE STE 300 1688 MERIDIAN AVENUE MIAMI, FL 33131 SUITE 1000

MIAMI BEACH, FL 33139

FEI Number: 75-3269648 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:

CORPDIRECT AGENTS, INC. GREEN, STACEY VP 1688 MÉRIDIAN AVENUE 515 EAST PARK AVE

TALLAHASSEE, FL 32301 US SUITE 1000 MIAMI BEACH, FL 33139 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: STACEY GREEN 01/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete COHL, MICHAEL Name: Name: COHL, MICHAEL

501 BRICKELL KEY DRIVE STE 300 1688 MERIDIAN AVENUE, SUITE 1000 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI BEACH, FL 33139

Title: Title: (X) Change ( ) Addition () Delete

LINDEN, JONATHAN Name: Name: LINDEN, JONATHAN

501 BRICKELL KEY DRIVE STE 300 Address: 1688 MERIDIAN AVENUE, SUITE 1000 Address:

MIAMI, FL 33131 MIAMI BEACH, FL 33139 City-St-Zip: 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: JONATHAN LINDEN S 01/15/2009