

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063303

Entity Name: 1000 E. HALLANDALE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVE
18TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

1000 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1200 BRICKELL AVE
18TH FLOOR
MIAMI, FL 33131

New Mailing Address:

P.O. BOX 611510
NORTH MIAMI, FL 33261

FEI Number: 26-2910476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISMAN, STEVEN M
1820 NE 163 ST.
SUITE 100
NORTH MIAMI BEACH, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROSSKOPF, MANUEL
Address: 1200 BRICKELL AVE, 18TH FLOOR
City-St-Zip: MIAMI, FL 331311

Title: SD () Delete
Name: FISCHER, WALTER
Address: 1200 BRICKELL AVE, 18TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GROSSKOPF, MANUEL
Address: 1000 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD (X) Change () Addition
Name: FISCHER, WALTER
Address: 1000 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MANUEL GROSSKOPF

PD

04/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date