

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535723

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** KRUPNICK CAMPBELL MALONE BUSER SLAMA HANCOCK LIBERMAN & MCKEE, P.A.

**Current Principal Place of Business:**

700 S.E. THIRD AVENUE  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

700 S.E. THIRD AVENUE  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 59-1512204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, JAMES B ESQ.  
GUNSTER, YOAKLEY & STEWART, P.A.  
500 E. BROWARD BLVD., SUITE 1400  
FT. LAUDERDALE, FL 33316 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: VD ( ) Delete  
Name: CABRERA, IVAN F  
Address: 7225 S PRESTWICK PLACE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD ( ) Delete  
Name: CAMPBELL, WALTER G JR.  
Address: 1844 COLONIAL DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Delete  
Name: HANCOCK, KELLY D.  
Address: 3100 NE 42ND ST  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VD ( ) Delete  
Name: SLAMA, JOSEPH J  
Address: 638 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PD ( ) Delete  
Name: MALONE, KEVIN A.  
Address: 1701 SE 7TH ST  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: SD ( ) Delete  
Name: BUSER, THOMAS E  
Address: 2862 BANYAN BLVD., CIR. N.W.  
City-St-Zip: BOCA RATON, FL 33431

**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:

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: KEVIN A. MALONE

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date