2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 682040

Entity Name: SANDS & MOSKOWITZ, P.A.

FILED Apr 29, 2009 Secretary of State

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

3225 AVIATION AVE. 2 SOUTH BISCAYNE BOULEVARD. SUITE 300 SUITE 2600

COCONUT GROVE, FL 33133 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

3225 AVIATION AVE. 2 SOUTH BISCAYNE BOULEVARD.

SUITE 300 SUITE 2600 COCONUT GROVE, FL 33133 SUITE 26100 MIAMI, FL 33131

FEI Number: 59-2015166 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:

MOSKOWITZ, JAY R., ESQ.
3225 AVIATION AVENUE, SUITE #300
2 SOUTH BISCAYNE BOULEVARD

COCONUT GROVE, FL 33133 US SUITE 2600 MIAMI, FL 33131 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: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SANDS, LEONARD A Name: SANDS, LEONARD A
Address: 3225 AVIATION AVE.300 Address: 2 SOUTH BISCAYNE BOULEVARD #2600

City-St-Zip: COCONUT GROVE, FL City-St-Zip: MIAMI, FL 33131

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

Name: MOSKOWITZ, JAY R. Name: MOSKOWITZ, JAY R.

Address: 3225 AVIATION AVE.300 Address: 2 SOUTH BISCAYNE BOULEVARD # 2600

City-St-Zip: COCONUT GROVE, FL City-St-Zip: MIAMI, FL 33131

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: JAY R. MOSKOWITZ STD 04/29/2009