

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M42416

Entity Name: 940 ASSOCIATES, INC.

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

940 N.W. 1ST STREET  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

940 N.W. 1ST STREET  
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 65-0000567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARMICHAEL, ROBERT M PTSD  
940 N.W. 1ST STREET  
FT. LAUDERDALE, FL 33311 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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CARMICHAEL, ROBERT M  
Address: 2124 N.E. 24TH ST  
City-St-Zip: WILTON MANORS, FL 33305

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CARMICHAEL

PRES

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date