

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M63306

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** BLUESTEIN AND WAYNE, P.A.

**Current Principal Place of Business:**

C/O HAROLD BLUESTEIN  
4000 PONCE DE LEON BLVD., SUITE 770  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HAROLD BLUESTEIN  
4000 PONCE DE LEON BLVD., SUITE 770  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-0022603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUESTEIN, HAROLD  
4000 PONCE DE LEON BLVD.  
SUITE 770  
CORAL GABLES, FL 33146 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:** PD  
**Name:** BLUESTEIN, HAROLD  
**Address:** 4000 PONCE DE LEON BLVD., SUITE 770  
**City-St-Zip:** CORAL GABLES, FL 33146 US

**Title:** STD  
**Name:** WAYNE, BARRY  
**Address:** 4000 PONCE DE LEON BLVD., SUITE 770  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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:** HAROLD BLUESTEIN

PRES

04/27/2012

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

\_\_\_\_\_  
Date