

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044823

FILED
Feb 02, 2009
Secretary of State

Entity Name: ADELSTEIN AND MATTERS, P.A.

Current Principal Place of Business:

2929 SW 3RD AVE.
SUITE 410
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2929 SW 3RD AVE.
SUITE 410
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-1004382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELSTEIN, STUART
2929 SW 3RD AVE.
SUITE 410
MIAMI, FL 33129 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: D () Delete
Name: ADELSTEIN, STUART
Address: 4461 BLOSSOM LANE
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: D () Delete
Name: MATTERS, MICHAEL
Address: 13130 SW 104 AV
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADELSTEIN, STUART
Address: 4461 BLOSSOM LANE
City-St-Zip: FT. LAUDERDALE, FL 33331

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: STUART ADELSTEIN

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date