

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045529

Entity Name: MOFFA & GAINOR, P.A.

FILED  
Feb 08, 2005  
Secretary of State

**Current Principal Place of Business:**

ONE FINANCIAL PLAZA  
SUITE 2202  
FT LAUDERDALE, FL 33394 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FINANCIAL PLAZA  
SUITE 2202  
FT LAUDERDALE, FL 33394 US

**New Mailing Address:**

FEI Number: 65-1108096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOLFA, JOSEPH  
ONE FINANCIAL PLAZA  
STE 2202  
FORT LAUDERDALE, FL 33394 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: VPD ( ) Delete  
Name: GAINOR, THOMAS R  
Address: ONE FINANCIAL PLAZA, SUITE 2202  
City-St-Zip: FT. LAUDERDALE, FL 33394 US

Title: PD ( ) Delete  
Name: MOFFA, JOSEPH C  
Address: ONE FINANCIAL PLAZA, STE 2202  
City-St-Zip: FT.LAUDERDALE, FL 33394

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPH C MOFFA

PD

02/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date