

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045529

Entity Name: MOFFA & GAINOR, P.A.

FILED
Apr 30, 2007
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 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: JOSEPH MOFFA

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date