

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047408

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** CLAUDE B. SELTZER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1300 SAWGRASS CORPORATE PKWY, SUITE 130  
130  
SUNRISE, FL 33323

**New Principal Place of Business:**

1300 SAWGRASS CORPORATE PKWY, SUITE 130  
220  
SUNRISE, FL 33323

**Current Mailing Address:**

1300 SAWGRASS CORPORATE PKWY, SUITE 130  
130  
SUNRISE, FL 33323

**New Mailing Address:**

1300 SAWGRASS CORPORATE PKWY, SUITE 130  
220  
SUNRISE, FL 33323

**FEI Number:** 01-0680859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SELTZER, CLAUDE B  
1300 SAWGRASS CORPORATE PKWY  
SUITE 130  
SUNRISE, FL 33323 US

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

SELTZER, CLAUDE B  
1300 SAWGRASS CORPORATE PKWY  
SUITE 220  
SUNRISE, FL 33323 US

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:

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SELTZER, CLAUDE B  
Address: 1300 SAWGRASS COPORATE PKWY, #220  
City-St-Zip: SUNRISE, FL 33323

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: CLAUDE B SELTZER

PSTD

01/27/2011

Electronic Signature of Signing Officer or Director

Date