

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03014

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: FRANK CRYSTAL & CO. OF FLORIDA, INC.

**Current Principal Place of Business:**

TWO ALHAMBRA PLAZA, STE. 102  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

800 BRICKELL AVENUE  
MIAMI, FL 33131 US

**Current Mailing Address:**

TWO ALHAMBRA PLAZA, STE. 102  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

800 BRICKELL AVENUE  
MIAMI, FL 33131 US

FEI Number: 13-3225387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: FREITAS, MARK E  
Address: 32 OLD SLIP  
City-St-Zip: NEW YORK, NY 100053504 US

Title: D ( ) Delete  
Name: CRYSTAL, JAMES W.  
Address: 32 OLD SLIP  
City-St-Zip: NEW YORK, NY 100053504

Title: V ( ) Delete  
Name: CRYSTAL, JONATHAN F  
Address: 32 OLD SLIP  
City-St-Zip: NEW YORK, NY 100053504

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: CRYSTAL, JAMES F  
Address: 32 OLD SLIP  
City-St-Zip: NEW YORK, NY 10005

Title: VP ( ) Change (X) Addition  
Name: CRYSTAL, SANFORD F  
Address: 32 OLD SLIP  
City-St-Zip: NEW YORK, NY 10005

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: JONATHN F. CRYSTAL

VP

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date