

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005242

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: LOURDES M. CASARES, P.A.

**Current Principal Place of Business:**

400 SOUTH POINTE DRIVE  
APT. 2309  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

400 SOUTH POINTE DRIVE  
APT. 2309  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-0585069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MATT D. GOLDMAN, P.A.  
2911 GRAND AVENUE  
SUITE 4-B  
COCONUT GROVE, FL, FL 33133 US

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

MATT D. GOLDMAN, P.A.  
2911 GRAND AVENUE  
SUITE 4-B  
COCONUT GROVE, FL 33133 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: MATT GOLDMAN      06/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CASARES, LOURDES M  
Address: 400 SOUTH POINTE DRIVE APT. 2309  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

Title: D      ( ) Delete  
Name: CASARES, LOURDES M  
Address: 400 SOUTH POINTE DRIVE APT. 2309  
City-St-Zip: MIAMI BEACH, FL 33139

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: LOURDES M CASARES      OFF      06/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date