

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076235

FILED
Apr 09, 2009
Secretary of State

Entity Name: STEINGER, ISCOE & GREENE - MIAMI, P.A.

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD., 9TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1645 PALM BEACH LAKES BLVD
9TH FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

1645 PALM BEACH LAKES BLVD., 9TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

200 W CYPRESS CREEK ROAD
SUITE 230
FORT LAUDERDALE, FL 33309

FEI Number: 26-3189736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEINGER, MICHAEL S
1645 PALM BEACH LAKES BLVD., 9TH FLOOR
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI () Change (X) Addition
Name: STEINGER, MICHAEL S
Address: 1645 PALM BEACH LAKES BLVD., 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

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: MICHAEL S. STEINGER

OFFI

04/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date