

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027878

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: HAROLD L. LEWIS, P.A.

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
ONE BISCAYNE TOWER  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
ONE BISCAYNE TOWER  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0748402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEWIS, HAROLD L ESQ.  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
ONE BISCAYNE TOWER  
MIAMI, FL 33131 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: PST  
Name: LEWIS, HAROLD L ESQ.  
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2400  
City-St-Zip: MIAMI, FL 33131

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: HAROLD L LEWIS

PST

04/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date