# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2009**
**Secretary of State**

DOCUMENT# P02000100748

**Entity Name:** ELLEN GOULD, P.A.

**Current Principal Place of Business:**

800 NE 195TH STREET
SUITE 515
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 195TH STREET
SUITE 515
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number: 75-3085372** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GOULD, ELLEN P.A.
800 NE 195TH STREET
SUITE 515
NORTH MIAMI BEACH, FL 33179 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: PTD ( ) Delete
Name: GOULD, ELLEN P.A.
Address: 800 NE 195TH STREET SUITE 515
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

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: ELLEN GOULD P.A. PTD 01/25/2009

Electronic Signature of Signing Officer or Director — Date