

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38452

**Entity Name:** CLIFFORD B. AIN ASSOCIATES, P.A.

**Current Principal Place of Business:**

20764 W DIXIE HWY  
AVENTURA, FL 33180-1146

**Current Mailing Address:**

20764 W DIXIE HWY  
AVENTURA, FL 33180-1146 US

**FEI Number:** 65-0250684

**Certificate of Status Desired:** No

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

AIN, CLIFFORD B.  
20764 W DIXIE HWY  
AVENTURA, FL 33180-1146 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name AIN, CLIFFORD B  
Address 20764 W DIXIE HWY  
City-State-Zip: AVENTURA FL 33180-1146

Title DST  
Name GRUDA, LESTER A  
Address 20764 WEST DIXIE HWY  
City-State-Zip: AVENTURA FL 33180-1146

*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:** CLIFFORD B AIN

DP

01/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date