

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507287

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** LAW OFFICES OF ARNOLD T. BLOSTEIN P.A.

**Current Principal Place of Business:**

916 S. ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

916 S. ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 59-1682393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLOSTEIN, ARNOLD T  
916 S. ANDREWS AVE.  
FT LAUDERDALE, FL 33316 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLOSTEIN, ARNOLD T  
Address: 916 S. ANDREWS AVE.  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: PD  
Name: BLOSTEIN, ARNOLD T  
Address: 916 S. ANDREWS AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: ARNOLD T. BLOSTEIN

PD

01/04/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date