

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564127

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

**Current Principal Place of Business:**

201 ALHAMBRA CIR  
1102  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIR  
SUITE 1102  
CORAL GABLES, FL 33134

**New Mailing Address:**

201 ALHAMBRA CIR  
1102  
CORAL GABLES, FL 33134

**FEI Number:** 59-1777539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEGFRIED, STEVEN M.  
201 ALHAMBRA CIRCLE,  
SUITE 1102  
CORAL GABLES, FL 33134 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: D/P  
Name: SIEGFRIED, STEVEN M  
Address: 201 ALHAMBRA CIR , SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134

Title: T/D  
Name: DE LA TORRE, HELIO  
Address: 201 ALHAMBRA CIR, SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP  
Name: ARIAS, MARIA VICTORIA  
Address: 201 ALHAMBRA CIR SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP  
Name: KURZMAN, MICHAEL  
Address: 201 ALHAMBRA CIR, SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP  
Name: SOBEL, STUART H  
Address: 201 ALHAMBRA CIR SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33133

Title: DS  
Name: LERNER, LISA A  
Address: 201 ALHAMBRA CIRCLE SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134

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: STEVEN M. SIEGFRIED

PRES

03/16/2012

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

\_\_\_\_\_ Date