

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600922

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: KLINE, MOORE & KLEIN, PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE  
SUITE 903  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

2600 DOUGLAS ROAD  
SUITE 902  
CORAL GABLES, FL 33134

## Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE  
SUITE 903  
COCONUT GROVE, FL 33133

## New Mailing Address:

2600 DOUGLAS ROAD  
SUITE 902  
CORAL GABLES, FL 33134

FEI Number: 59-1235597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLINE, KEVIN F VP  
2665 SOUTH BAYSHORE DRIVE  
SUITE 903  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

KLINE, KEVIN F P  
2600 DOUGLAS ROAD  
SUITE 902  
CORAL GABLES, FL 33134 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: KEVIN F KLINE

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLINE, ARTHUR J PD  
Address: 2665 S. BAYSHORE DR., SUITE 903  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VT ( ) Delete  
Name: KLINE, KEVIN F VT  
Address: 2665 S. BAYSHORE DR., SUITE 903  
City-St-Zip: COCONUT GROVE, FL 33133

Title: V,S ( ) Delete  
Name: KLINE, ROBERT L  
Address: 2665 S BAYSHORE DR, SUITE 903  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KLINE, KEVIN F P  
Address: 2600 DOUGLAS ROAD, SUITE 902  
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Change ( ) Addition  
Name: KLINE, ROBERT L V  
Address: 2600 DOUGLAS ROAD, SUITE 902  
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition  
Name: KLINE, ARTHUR J S  
Address: 2600 DOUGLAS ROAD, SUITE 902  
City-St-Zip: CORAL GABLES, FL 33134

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: KEVIN F KLINE

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date