

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601179

FILED
Jan 20, 2009
Secretary of State

Entity Name: O'CONNOR, CHIMPOULIS, RESTANI, MARRERO & MCALLISTER, P.A.

Current Principal Place of Business:

2801 PONCE DE LEON BLVD #900
P O BOX 14-9022
CORAL GABLES, FL 33114

New Principal Place of Business:

2801 PONCE DE LEON BLVD #900
CORAL GABLES, FL 33114

Current Mailing Address:

660 NE 95 STREET
SUITE 7
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-1265268 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'CONNOR, KEVIN P
660 NE 95 STREET SUITE 7
MIAMI SHORES, FL 33138 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: PD () Delete
Name: O'CONNOR, KEVIN P.
Address: 1520 NE 103RD ST
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'OCONNOR, KEVIN P
Address: 1520 NE 103RD ST
City-St-Zip: MIAMI SHORES, FL 33138

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 O'CONNOR

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date