

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603526

FILED
Apr 27, 2009
Secretary of State

Entity Name: CARLOS & CARLOS, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134

New Principal Place of Business:

90 EDGEWATER DRIVE
SUITE 503
CORAL GABLES, FL 33133

Current Mailing Address:

999 PONCE DE LEON BLVD
STE 1000
CORAL GABLES, FL 33134 US

New Mailing Address:

90 EDGEWATER DRIVE
STE 503
CORAL GABLES, FL 33133 US

FEI Number: 59-1398610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS, THOMAS P
999 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARLOS, THOMAS P
90 EDGEWATER DRIVE
SUITE 503
CORAL GABLES, FL 33133 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLOS, THOMAS P.
Address: 999 PONCE DE LEON #1000
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: PETER T CARLOS
Address: 999 PONCE DE LEON, #1000
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD, (X) Change () Addition
Name: CARLOS, THOMAS P.
Address: 90 EDGEWATER DRIVE #503
City-St-Zip: CORAL GABLES, FL 33133

Title: VP (X) Change () Addition
Name: PETER T CARLOS
Address: 90 EDGEWATER DRIVE #503
City-St-Zip: CORAL GABLES, FL 33133

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: THOMAS P. CARLOS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date