2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640793

City-St-Zip:

WEST PALM BEACH, FL 33401

FILED Apr 13, 2009 Secretary of State

Entity Name: ROBERT S. LEVY P.A.				
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
1615 FORU SUITE 1-B WEST PAL	JM PL M BEACH, FL 33401 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
1615 FORU SUITE 1-B WEST PAL	JM PL M BEACH, FL 33401 US			
FEI Number:	59-1958514 FEI Number Applied	For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered	Agent: Name and Address	Name and Address of New Registered Agent:	
LEVY, ROBERT S. 1615 FORUM PL SUITE 1-B WEST PALM BEACH, FL US		LEVY, ROBERT S 1615 FORUM PL SUITE 1-B WEST PALM BEACH	1615 FORUM PL	
The above in the State		nt for the purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	E: ROBERT S. LEVY		04/13/2009	
	Electronic Signature of Regis	stered Agent	Date	
Election Carr	paign Financing Trust Fund Contributi	on ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LEVY, ROBERT S 1615 FORUM PL, SUITE 1-B WEST PALM BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () Delete LEVY, CEIL N 1615 FORUM PL, SUITE 1-B WEST PALM BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () Delete BAKER, MARLENE 1615 FORUM PL, SUITE 1-B	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT S. LEVY **PRES** 04/13/2009