

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36962

FILED
Apr 24, 2009
Secretary of State

Entity Name: MAGUIRE AND FRIEND, P.A.

Current Principal Place of Business:

999 PONCE DE LEON BLVD
510
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD
510
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2093890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, MICHAEL P
2100 PONCE DE LEON BLVD., #1170
CORAL GABLES, FL 33174 US

Name and Address of New Registered Agent:

MAGUIRE, MICHAEL P
999 PONCE DE LEON BLVD.
510
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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: FRIEND, MICHAEL R
Address: 2100 PONCE DE LEON BLVD, SUITE 1170
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: MAGUIRE, MICHAEL P
Address: 2100 PONCE DE LEON BLVD, SUITE 1170
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: FRIEND, MICHAEL R
Address: 999 PONCE DE LEON BLVD., SUITE 510
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change () Addition
Name: MAGUIRE, MICHAEL P
Address: 999 PONCE DE LEON BLVD., SUITE 510
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: MICHAEL P. MAGUIRE

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date