

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48754

FILED
Apr 02, 2009
Secretary of State

Entity Name: JOEL N. MINSKER, P.A.

Current Principal Place of Business:

1110 BRICKELL AVE
7TH FLOOR
MIAMI, FL 331313136 US

Current Mailing Address:

1110 BRICKELL AVE
7TH FLOOR
MIAMI, FL 331313136 US

New Principal Place of Business:

1110 BRICKELL AVE
SUITE 700
MIAMI, FL 331313107 US

New Mailing Address:

1110 BRICKELL AVE
SUITE 700
MIAMI, FL 331313107 US

FEI Number: 59-2133677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINSKER, JOEL N
1110 BRICKELL AVE
SUITE 700
MIAMI, FL 331313136 US

Name and Address of New Registered Agent:

MINSKER, JOEL N
1110 BRICKELL AVE
SUITE 700
MIAMI, FL 331313107 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: JOEL N MINSKER

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTV () Delete
Name: MINSKER, JOEL N
Address: 1110 BRICKELL AVE, STE 700
City-St-Zip: MIAMI, FL 331313136

Title: D () Delete
Name: MINSKER, JOEL N.
Address: 1110 BRICKELL AVE, STE 700
City-St-Zip: MIAMI, FL 331313136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTV (X) Change () Addition
Name: MINSKER, JOEL N
Address: 1110 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 331313107

Title: D (X) Change () Addition
Name: MINSKER, JOEL N
Address: 1110 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 331313107

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: JOEL N MINSKER

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date