

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50038

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.

**Current Principal Place of Business:**

C/O ALISON W. MILLER  
150 WEST FLAGLER ST  
MIAMI, FL 33130

**New Principal Place of Business:**

C/O ALISON W. MILLER  
150 WEST FLAGLER ST. SUITE 2200  
MIAMI, FL 33130

**Current Mailing Address:**

C/O ALISON W. MILLER  
150 WEST FLAGLER ST  
MIAMI, FL 33130

**New Mailing Address:**

C/O ALISON W. MILLER  
150 WEST FLAGLER ST. SUITE 2200  
MIAMI, FL 33130

FEI Number: 59-2126062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEARNS, EUGENE E  
150 WEST FLAGLER ST  
MUSEUM TOWER  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

STEARNS, EUGENE E  
150 WEST FLAGLER ST  
MUSEUM TOWER, SUITE 2200  
MIAMI, FL 33130 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: \_\_\_\_\_

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: MILLER, ALISON W  
Address: 150 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL

Title: CD  
Name: STEARNS, EUGENE E  
Address: 150 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL

Title: DPT  
Name: SCHATZ, RICHARD E  
Address: 150 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: DV  
Name: SHAPIRO, JAY B  
Address: 150 WEST FLAGLER ST.  
City-St-Zip: MIAMI, FL

Title: DV  
Name: MCDONOUGH, BRIAN J  
Address: 150 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: DV  
Name: KOFMAN, ROBERT T  
Address: 150 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: RICHARD E. SCHATZ

DPT

01/14/2011

Electronic Signature of Signing Officer or Director

Date