2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# G16303

Entity Name: KOZYAK TROPIN & THROCKMORTON, P.A.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI,, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI, FL 33134 US

New Mailing Address:

2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI,, FL 33134 US

FEI Number: 59-2240304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOZYAK, JOHN W
2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOZYAK, JOHN W.,
Address: 9840 SW 63RD CT
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete
Name: TROPIN, HARLEY S.,
Address: 5845 SW 93 ST
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete
Name: THROCKMORTON, CHARLE, S W.
Address: 10005 SW 63RD PLACE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: HARTMANN, KENNETH R
Address: 11360 SW 60 AVE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: MCQUILKIN, GAIL A
Address: 1521 ALTON RD 545
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN W. KOZYAK P 03/19/2009

Electronic Signature of Signing Officer or Director — Date