

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16303

FILED
Jan 21, 2011
Secretary of State

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:

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

Name and Address of Current Registered Agent:

CHARLES W. THROCKMORTON
KOZYAK TROPIN & THROCKMORTON, P.A.
2525 PONCE DE LEON BLVD., 9TH FL.
CORAL GABLES, 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

OFFICERS AND DIRECTORS:

Title: VP
Name: MOSKOWITZ, ADAM M.
Address: 420 ROVINO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

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

Title: VPS
Name: THROCKMORTON, CHARLES W.
Address: 10005 SW 63RD PLACE
City-St-Zip: MIAMI, FL 33156

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

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

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: CHARLES W. THROCKMORTON

VPS

01/21/2011

Electronic Signature of Signing Officer or Director

Date