

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41054

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: LAW OFFICES OF STEVEN A. MASON, P.A.

## Current Principal Place of Business:

3363 SHERIDAN ST #201  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

3363 SHERIDAN STREET  
SUITE #201  
HOLLYWOOD, FL 33021 US

## Current Mailing Address:

3363 SHERIDAN ST #201  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

3363 SHERIDAN STREET  
SUITE #201  
HOLLYWOOD, FL 33021 US

FEI Number: 59-2294232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASON, STEVEN A.  
3363 SHERIDAN ST #201  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

MASON, STEVEN A.  
3363 SHERIDAN STREET  
SUITE #201  
HOLLYWOOD, FL 33021 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:

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MASON, STEVEN A,  
Address: 11425 WAYNE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVEN A. MASON

DP

01/28/2009

Electronic Signature of Signing Officer or Director

Date