

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G97981

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CERTIFIED PROPERTY MANAGEMENT CORPORATION

## Current Principal Place of Business:

170 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

1801 CORAL WAY  
305  
MIAMI, FL 33145

## Current Mailing Address:

170 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149

## New Mailing Address:

1801 CORAL WAY  
305  
MIAMI, FL 33145 US

FEI Number: 59-2420057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F. JR.  
241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

DE LA CRUZ, LUIS F. JR.  
2 ALHAMBRA PLAZA, PH2-C  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: COHEN, ALBERTO  
Address: 170 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: COHEN, IVONNE  
Address: 170 OCEAN LANE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: COHEN, ALBERTO  
Address: 1801 CORAL WAY #305  
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition  
Name: COHEN, IVONNE  
Address: 1801 CORAL WAY #305  
City-St-Zip: MIAMI, FL 33145

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: ALBERTO COHEN

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date