## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60156

Entity Name: DEGEN - MAJKA ASSOCIATES, INC.

FILED Apr 15, 2009 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

125NE 40TH ST
MIAMI, FL 33137 US

1921 S. BAYSHORE DRIVE
COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

125 NE 40TH ST
MIAMI, FL 33137 US

1921 S. BAYSHORE DRIVE
COCONUT GROVE, FL 33133 US

FEI Number: 59-2785606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOLDSTEIN, ROBERT 1800 N.E. 114 STREET SUITE 1010 NORTH MIAMI BEACH, FL 33181 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition JEFFREY DEGEN JEFFREY DEGEN Name: Name: 125 NE 40TH STREET 1921 S. BAYSHORE DRIVE Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete Title: SD (X) Change () Addition

Name: GARY MAJKA Name: GARY MAJKA

Address: 125 NE 40TH STREET Address: 1921 S. BAYSHORE DRIVE

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

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: JEFFREY B. DEGEN PD 04/15/2009