

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J51175

**FILED**  
**Dec 22, 2009**  
**Secretary of State****Entity Name:** HERTNER, BLOCK & ASSOCIATES, INC.**Current Principal Place of Business:**15485 EAGLE NEST LANE  
SUITE 110  
MIAMI LAKES, FL 33014 US**New Principal Place of Business:****Current Mailing Address:**15485 EAGLE NEST LANE  
SUITE 110  
MIAMI LAKES, FL 33014 US**New Mailing Address:****FEI Number:** 59-2759845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAURENCE I. BLAIR  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FORT LAUDERDALE, FL 33309 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:** PD      ( ) Delete  
**Name:** BLOCK, DAVID J.  
**Address:** 15485 EAGLE NEST LANE SUITE 110  
**City-St-Zip:** MIAMI LAKES, FL 33014**Title:** VP      ( ) Delete  
**Name:** HERTNER, HERBERT H  
**Address:** 15485 EAGLE NEST LANE SUITE 110  
**City-St-Zip:** MIAMI LAKES, FL 33014**Title:** S      ( ) Delete  
**Name:** HERTNER, PAMELA  
**Address:** 15485 EAGLE NEST LANE SUITE 110  
**City-St-Zip:** MIAMI LAKES, FL 33014**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      (X) Change ( ) Addition  
**Name:** ALBERT, JEFFREY W  
**Address:** 15485 EAGLE NEST LANE SUITE 110  
**City-St-Zip:** MIAMI LAKES, FL 33014**Title:** S      (X) Change ( ) Addition  
**Name:** RAMOS-FREIMUTH, JULIE A  
**Address:** 15485 EAGLE NEST LANE SUITE 110  
**City-St-Zip:** MIAMI LAKES, FL 33014

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: DAVID J. BLOCK

PD

12/22/2009

Electronic Signature of Signing Officer or Director

Date