

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19612

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CORZO CASTELLA CARBALLO THOMPSON SALMAN, P.A.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 900  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 900  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0039493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASTELLA, RAMON  
5911 SW 29 STREET  
MIAMI, FL 33155 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: SALMAN, JAVIER F.  
Address: 1534 MANTUA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VTD ( ) Delete  
Name: CASTELLA, RAMON  
Address: 5911 SW 29 STREET  
City-St-Zip: MIAMI, FL 33155

Title: PD ( ) Delete  
Name: CARBALLO, ROBERT T  
Address: 14371 SW 29 STREET  
City-St-Zip: MIAMI, FL 33175

Title: VD ( ) Delete  
Name: CREWS, JEFFREY S  
Address: 899 SW 12 AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: VD ( ) Delete  
Name: PEVIDA, WALFRIDO J  
Address: 8240 SW 34 TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete  
Name: GLUNT, TERRANCE N  
Address: 1456 SE 6TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAMON CASTELLA

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date