

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45015

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** THOMSON MURARO RAZOOK & HART, P.A.

**Current Principal Place of Business:**

800 BRICKELL AVENUE  
525  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 310670  
MIAMI, FL 33231

**New Mailing Address:**

**FEI Number:** 65-0082743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMSON, PARKER D.  
AMERIFIRST BUILDING 17TH FLOOR  
1 S.E. 3RD AVE  
MIAMI, FL 33131 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: D ( ) Delete  
Name: THOMSON, PARKER D.,  
Address: 1207 MARIOLA CT.  
City-St-Zip: CORAL GABLES, FL

Title: DP ( ) Delete  
Name: MURARO, ROBERT E.,  
Address: 800 CLAUGHTON ISLAND DR APT 1504  
City-St-Zip: MIAMI, FL 33131

Title: VDT ( ) Delete  
Name: RAZOOK, RICHARD J.,  
Address: 5765 S.W. 113TH ST.  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: HART, BRIAN A.,  
Address: 4860 HAMMOCK LAKE DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

**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:

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: ROBERT E. MURARO

DIR

04/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date