

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47103

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROBERT M. HABER, P.A.

Current Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI, FL 33131

New Principal Place of Business:

1000 BRICKELL AVENUE, SUITE 215
MIAMI, FL 33131

Current Mailing Address:

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVENUE, SUITE 215
MIAMI, FL 33131

FEI Number: 65-0086102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, ROBERT M
520 BRICKELL KEY DR. SUITE #0-301
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HABER, ROBERT M
1000 BRICKELL AVENUE, SUITE 215
MIAMI, FL 33131 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

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HABER, ROBERT M.
Address: 520 BRICKELL KEY DR STE 0-301
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HABER, ROBERT M.
Address: 1000 BRICKELL AVENUE, SUITE 215
City-St-Zip: MIAMI, FL 33131

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 M. HABER

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date