

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M13685

FILED
Jan 06, 2009
Secretary of State

Entity Name: SYDNEY S. TRAUM, P.A.

Current Principal Place of Business:

555 NE 15 STREET
SUITE 104
MIAMI, FL 33132 US

Current Mailing Address:

55 SOUTH PROSPECT DR
CORAL GABLES, FL 33133 US

New Principal Place of Business:

1688 MERIDIAN AVENUE
SUITE 902
MIAMI BEACH, FL 33139 US

New Mailing Address:

55 SOUTH PROSPECT DRIVE
CORAL GABLES, FL 33133 US

FEI Number: 59-2513193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAUM, SYDNEY S.
C/O LEVEY FILLER, GT AZ
555 NE 15 STREET-SUITE 104
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

TRAUM, SYDNEY S.
C/O LEVEY, FILLER, RODRIGUEZ, KELSO & DIBI
1688 MERIDIAN AVENUE - SUITE 902
MIAMI BEACH, FL 33139 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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: TRAUM, SYDNEY S.,
Address: 55 SOUTH PROSPECT DR
City-St-Zip: CORAL GABLES, FL 33133

Title: SD () Delete
Name: TRAUM, JUDITH R.,
Address: 55 SOUTH PROSPECT DR.
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SYDNEY S. TRAUM

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date