

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M20433

FILED
Jan 14, 2009
Secretary of State

Entity Name: ROSS AND ASSOCIATES, INC.

Current Principal Place of Business:

4689 PONCE DE LEON BLVD
300
CORAL GABLES, FL 33146 US

New Principal Place of Business:

120 LEUCADENDRA DRIVE
CORAL GABLES, FL 33156 US

Current Mailing Address:

120 LEUCADENDRA DRIVE
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 59-2580593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, AUDREY
4689 PONCE DE LEON BLVD
THIRD FLOOR
MIAMI, FL 33146 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: PDS () Delete
Name: ROSS, AUDREY H
Address: 4689 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: LOREE, MELISSA DR
Address: 3055 EAST PINE VALLEY RD
City-St-Zip: ATLANTA, GA 30305

Title: V () Delete
Name: COLLONGETTE, ANA
Address: 1036 SORELLA AVE
City-St-Zip: CORAL GABLES, FL 33134

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:

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: AUDREY ROSS

P

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date