# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2009**
**Secretary of State**

DOCUMENT# M22885

**Entity Name:** WEINSTEIN & SCHARF, P.A.

**Current Principal Place of Business:**

C/O ROBERT D. SCHARF
1999 UNIVERSITY DR., #402
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

C/O ROBERT D. SCHARF
1999 UNIVERSITY DR., #402
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

C/O ROBERT D. SCHARF
1999 UNIVERSITY DR., #402
CORAL SPRINGS, FL 33071

**New Mailing Address:**

C/O ROBERT D. SCHARF
1999 UNIVERSITY DR., #402
CORAL SPRINGS, FL 33071 US

**FEI Number: 59-2597747** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHARF, ROBERT D.
1999 UNIVERSITY DRIVE, STE 402
CORAL SPRINGS, FL 33071 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: DS ( ) Delete
Name: SCHARF, ROBERT D.
Address: 1999 UNIVERSITY DR #402
City-St-Zip: CORAL SPRINGS, FL

Title: D ( ) Delete
Name: WEINSTEIN, LAWRENCE
Address: 1999 UNIVERSITY DR #402
City-St-Zip: CORAL SPRINGS, FL

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

Title: DS (X) Change ( ) Addition
Name: SCHARF, ROBERT D.
Address: 1999 UNIVERSITY DR #402
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D (X) Change ( ) Addition
Name: WEINSTEIN, LAWRENCE
Address: 1999 UNIVERSITY DR #402
City-St-Zip: CORAL SPRINGS, FL 33071 US

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 D. SCHARF DS 04/02/2009

Electronic Signature of Signing Officer or Director Date