2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29806

Title:

Name:

Address:

City-St-Zip:

FILED Mar 11, 2009 Secretary of State

Entity Name: PROVOST & PARTNERS, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	TH ROAD 331291101 U	IS		
Current Mailing Address:			New Mailing Address:	
75 SW 15 MIAMI, FL	TH ROAD 331291101 L	IS		
FEI Number	: 59-2663397	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
75 S.W. 19 MIAMI, FL	e named entity		urpose of changing its registere	d office or registered agent, or both,
	e of Florida.			
SIGNATU		nic Signature of Registered Age	ont	 Date
Election Ca		g Trust Fund Contribution ().	ant.	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () TAGLAIRINO, 3 3644 S.W. THII MIAMI, FL 331	RD AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (GUERRERO, L 15963 S.W. 99 MIAMI, FL 331	TH LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD (CANTERO, AD 1951 S.W. 16 MIAMI, FL 331	ΓERR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (DELANEY, SEA 2438 ARTHUR HOLLYWOOD,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: J ROBERT TAGLAIRINO **PRES** 03/11/2009

() Delete

LIGHTHOUSE POINT, FL 33064

TYGIELSKI, JASON

2831 N.E. 21ST TERR

() Change () Addition