

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069663

Entity Name: SAMUEL M. YAFFA, P.A.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

301 WEST ATLANTIC AVENUE
SUITE O-1
DELRAY BEACH, FL 33444

New Principal Place of Business:

334 NE 1ST AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

301 WEST ATLANTIC AVENUE
SUITE O-1
DELRAY BEACH, FL 33444

New Mailing Address:

334 NE 1ST AVE
DELRAY BEACH, FL 33444

FEI Number: 65-1022617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAFFA, SAMUEL M
301 WEST ATLANTIC AVENUE
SUITE O-2
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

YAFFA, SAMUEL M
334 NE 1ST AVE
DELRAY BEACH, FL 33444 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YAFFA, SAMUEL M
Address: 301 WEST ATLANTIC AVENUE, SUITE O-2
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YAFFA, SAMUEL M
Address: 334 NE 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

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: CHERYL SHAFFNER

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date