

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025974

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAW OFFICES OF FELICIA SHAMAN, P.A.

Current Principal Place of Business:

200 SE 6TH STREET
SUITE 205
FT LAUDERDALE, FL 33301

New Principal Place of Business:

200 SE 6TH STREET
SUITE 404
FT LAUDERDALE, FL 33301

Current Mailing Address:

200 SE 6TH STREET
SUITE 205
FT LAUDERDALE, FL 33301

New Mailing Address:

200 SE 6TH STREET
SUITE 404
FT LAUDERDALE, FL 33301

FEI Number: 65-1089281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMAN, FELICIA ESQ
200 SE 6TH STREET
SUITE 205
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SHAMAN, FELICIA ESQ
200 SE 6TH STREET
SUITE 404
FT LAUDERDALE, FL 33301 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: FELICIA SHAMAN

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAMAN, FELICIA
Address: 4830 NW 10TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FELICIA SHAMAN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date