## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000038708

Entity Name: DEBORAH PLAKS HOCHMAN, ESQ, P.A.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8805 S.W.161 STREET MIAMI, FL 33157				8805 S.W.161 STREET MIAMI, FL 33157 US		
Current Mailing Address:			New Maili	New Mailing Address:		
8805 S.W.161 STREET MIAMI, FL 33157				8805 S.W.161 STREET MIAMI, FL 33157 US		
FEI Number:	65-1104177	FEI Number Applied For ( ) FEI	Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	I, DEBORAH P 161 STREET 33157 US	LAKS ESQ.	8805 S.W.	HOCHMAN, DEBORAH P D 8805 S.W. 161 STREET MIAMI, FL 33157 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.						
SIGNATUR	E: DEBORAH	H PLAKS HOCHMAN			03/25/2009	
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOCHMAN, DEB 8805 S.W. 161 S		Title: Name: Address: City-St-Zip:	D (X) HOCHMAN, DEE 8805 S.W. 161 MIAMI, FL 3315	STREET	
Title: Name: Address: City-St-Zip:	()1	Delete	Title: Name: Address: City-St-Zip:	D () HOCHMAN, DEE 8805 S.W. 161 MIAMI, FL 3315	STREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () HOCHMAN, DEE 8805 S.W. 161 MIAMI, FL 3315	STREET	
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Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () HOCHMAN, DEE 8805 S.W. 161 MIAMI, FL 3315	STREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () HOCHMAN, DEE 8805 S.W. 161 MIAMI, FL 3315	STREET	

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: DEBORAH PLAKS HOCHMAN D 03/25/2009