

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064823

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** DICKER, KRIVOK & STOLOFF, P.A.

**Current Principal Place of Business:**

1818 AUSTRALIAN AVE SOUTH STE 400  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1818 AUSTRALIAN AVE SOUTH STE 400  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 65-1119158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKER, EDWARD  
1818 AUSTRALIAN AVE SOUTH STE 400  
WEST PALM BEACH, FL 33409 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DICKER, EDWARD A  
Address: 1818 AUSTRALIAN AVENUE SOUTH #400  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V  
Name: KRIVOK, JAMES N  
Address: 1818 AUSTRALIAN AVENUE SOUTH #400  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ST  
Name: STOLOFF, SCOTT A  
Address: 1818 AUSTRALIAN AVENUE SOUTH #400  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: SCOTT A. STOLOFF

S

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date