

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115588

Entity Name: MARK G. ASTOR, P.A.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

18205 BISCAYNE BLVD
SUITE 100
AVENTURA, FL 33160

Current Mailing Address:

18205 BISCAYNE BLVD
SUITE 100
AVENTURA, FL 33160

New Principal Place of Business:

6100 GLADES ROAD
SUITE 201
BOCA RATON, FL 33434

New Mailing Address:

144 COCONUT KEY LANE
DELRAY BEACH, FL 33484

FEI Number: 69-0005601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTOR, MARK G
18205 BISCAYNE BLVD.
SUITE 100
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

ASTOR, MARK G
144 COCONUT KEY LANE
DELRAY BEACH, FL 33484 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: MARK G ASTOR

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ASTOR, MARK G
Address: 18205 BISCAYNE BLVD., SUITE 100
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ASTOR, MARK G
Address: 144 COCONUT KEY LANE
City-St-Zip: DELRAY BEACH, FL 33484

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: MARK G ASTOR

DPST

01/26/2009

Electronic Signature of Signing Officer or Director

Date