

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035873

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: AMYN LAKHANI OF FLORIDA, INC.

**Current Principal Place of Business:**

4900 N STATE ROAD 7  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4900 N STATE ROAD 7  
TAMARAC, FL 33319

**New Mailing Address:**

FEI Number: 04-3648786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYON, JAMES B ESQ  
3300 UNIVERSITY DR  
STE 802  
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAKHANI, AMYN  
Address: 4900 NORTH STATE ROAD 7  
City-St-Zip: TAMARAC, FL 33319

**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: AMYN LAKHANI

P

03/25/2009

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

\_\_\_\_\_  
Date