

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047268

FILED
Jan 21, 2009
Secretary of State

Entity Name: LAW OFFICES OF PAUL SHOUCAIR, P.A.

Current Principal Place of Business:

189 SOUTH ORANGE AVE.
SOUTH TOWER, 9TH FLOOR SUITE 900
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

189 SOUTH ORANGE AVE.
SOUTH TOWER, 9TH FLOOR SUITE 900
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 42-1534674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAS, PHILIP L ESQUIRE
PHILIP L LOGAS, P.A.
34 E PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LOGAS, PHILIP L ESQUIRE
PHILIP L LOGAS, P.A.
121 S. ORANGE AVE. STE 1470
ORLANDO, FL 32801 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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SHOUCAIR, PAUL A
Address: 111 NORTH ORANGE AVE, STE 875
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SHOUCAIR, PAUL A
Address: 189 S. ORANGE AVE., STE. 900
City-St-Zip: ORLANDO, FL 32801

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: PAUL SHOUCAIR

PTS

01/21/2009

Electronic Signature of Signing Officer or Director

Date