2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000086054

Entity Name: SCAGLIONE & QUESADA, P.A.

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134

FEI Number: 14-1841431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAGLIONE, MICHAEL J ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SCAGLIONE, MICHAEL J ESQ.
2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 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: MICHAEL J SCAGLIONE 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCAGLIONE, MICHAEL J ESQ.
Address: 396 ALHAMBRA CIRCLE SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: QUESADA, LYDIA C ESQ.
Address: 396 ALHAMBRA CIRCLE , SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: QUESADA, LYDIA C ESQ.
Address: 396 ALHAMBRA CIRCLE , SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: SCAGLIONE, MICHAEL J ESQ.
Address: 396 ALHAMBRA CIRCLE , SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCAGLIONE, MICHAEL J ESQ.
Address: 2600 DOUGLAS ROAD STE 506
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCAGLIONE P 04/30/2009
Electronic Signature of Signing Officer or Director Date