2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096404

Entity Name: LASKIN, KRAMER & WEISS, P.A.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 S. PINE ISLAND RD, SUITE 250 490 SAWGRASS CORPORATE PARKWAY PLANTATION, FL 33324

SUITE 100

SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

1000 S. PINE ISLAND RD, SUITE 250 490 SAWGRASS CORPORATE PARKWAY

SUITE 100 PLANTATION, FL 33324

SUNRISE, FL 33325

FEI Number: 56-2302544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KRAMER, ANDREW L KRAMER, ANDREW L 1000 S PINE ISLAND RD. 490 SAWGRASS CORPORATE PARKWAY

STE 250 STE 100 PLANTATION, FL 33324 US PLANTATION, FL 33324 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: 03/26/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

KRAMER, ANDREW L Name: Name: KRAMER, ANDREW L

1000 S. PINE ISLAND RD, SUITE 250 490 SAWGRASS CORPORATE PARKWAY, SUITE 100 Address: Address:

SUNRISE, FL 33325 City-St-Zip: PLANTATION, FL 33324 City-St-Zip:

DV Title: DV Title: () Delete (X) Change () Addition

Name: LASKIN, RONI D Name: LASKIN, RONI D

1000 S. PINE ISLAND RD, SUITE 250 490 SAWGRASS CORPORATE PARKWAY, SUITE 100 Address: Address:

PLANTATION, FL 33324 SUNRISE, FL 33325 City-St-Zip: City-St-Zip:

Title: DST Title: (X) Change () Addition () Delete DST

WEISS, JANE M Name: WEISS, JANE M Name:

1000 S. PINE ISLAND RD, SUITE 250 490 SAWGRASS CORPORATE PARKWAY, SUITE 100 Address: Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: SUNRISE, FL 33325

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: ANDREW L. KRAMER DP 03/26/2008