

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128550

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** BARBARA A. REISER & COMPANY, INC.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2199 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 331345234 US

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2199 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 331345234 US

**FEI Number:** 75-3090169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, BONNIE L P.A.  
50 WEST MASHTA DR., STE 4  
KEY BISCAYNE, FL 33149 US

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

SILVERMAN, CHERYL R P.A.  
1533 SUNSET DRIVE  
SUITE 120  
MIAMI, FL 331435700 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: CHERYL R. SILVERMAN

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REISER, BARBARA A  
Address: 2199 PONCE DE LEON BLVD SUITE 500  
City-St-Zip: CORAL GABLES, FL 331345234 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. REISER

D

03/16/2011

Electronic Signature of Signing Officer or Director

Date