2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047691

Entity Name: LAW OFFICES OF JOSEPH AMINOFF, P.A.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:

C/O LAW OFFICES OF JOSEPH AMINOFF, P.A.

407 LINCOLN ROAD STE 9A

MIAMI BEACH, FL 33139 **Current Mailing Address:**

C/O LAW OFFICES OF JOSEPH AMINOFF, P.A.

407 LINCOLN ROAD STE 9A MIAMI BEACH, FL 33139

FEI Number: 56-2381917

FEI Number Applied For ()

New Principal Place of Business:

C/O LAW OFFICES OF JOSEPH AMINOFF, P.A.

407 LINCOLN ROAD STE 2A MIAMI BEACH, FL 33139

New Mailing Address:

C/O LAW OFFICES OF JOSEPH AMINOFF, P.A.

407 LINCOLN ROAD STE 2A

MIAMI BEACH, FL 33139

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMINOFF, JOSEPH ESQ C/O LAW OFFICES OF JOSEPH AMINOFF, P.A. 407 LINCOLN ROAD STE 9A

MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

AMINOFF, JOSEPH ESQ C/O LAW OFFICES OF JOSEPH AMINOFF, P.A.

407 LINCOLN ROAD STE 2A

MIAMI BEACH, FL 33139 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: JOSEPH AMINOFF

Electronic Signature of Registered Agent

Date

04/29/2009

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete AMINOFF, JOSEPH ESQ Name:

407 LINCOLN ROAD STE 9A Address: City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

AMINOFF, JOSEPH ESQ Name: Address: 407 LINCOLN ROAD STE 2A City-St-Zip: MIAMI BEACH, FL 33139

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: JOSEPH AMINOFF PD 04/29/2009