

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000597

Entity Name: AMANDA MAXWELL, P.A.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

3225 AVIATION AVENUE
SUITE 300
COCONUT GROVE, FL 33133

New Principal Place of Business:

100 S. E. 2ND STREET
SUITE 3550
MIAMI, FL 33131

Current Mailing Address:

3225 AVIATION AVENUE
SUITE 300
COCONUT GROVE, FL 33133

New Mailing Address:

100 S. E. 2ND STREET
SUITE 3550
MIAMI, FL 33131

FEI Number: 02-0713885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, AMANDA
3225 AVIATION AVENUE
SUITE 300
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MAXWELL, AMANDA
100 S. E. 2ND STREET
SUITE 3550
MIAMI, FL 33131 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:

05/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXWELL, AMANDA
Address: 3225 AVIATION AVENUE #300
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAXWELL, AMANDA
Address: 100 S. E. 2ND STREET, SUITE 3550
City-St-Zip: MIAMI, FL 33131

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: AMANDA MAXWELL

D

05/11/2009

Electronic Signature of Signing Officer or Director

Date