## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000023906

Entity Name: RESEARCH CENTER PHASE I-IV OF FLORIDA CORP.

**FILED** Mar 11, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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11880 SW 40 ST. SUITE 216 11880 SW 40 STREET MIAMI, FL 33175

SUITE # 405 MIAMI, FL 33175

**Current Mailing Address: New Mailing Address:** 

11880 SW 40 ST. SUITE 216 11880 SW 40 STREET MIAMI, FL 33175

SUITE # 405 MIAMI, FL 33175

FEI Number: 75-3144995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

YANES, AISBYL CARY, TANIA 11880 SW 40 STREET 11880 SW 40 ST. SUITE 216 MIAMI, FL 33175 SUITE # 405 MIAMI, FL 33175 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: TANIA CARY 03/11/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

PEREZ, OLGA M Name: Name: PEREZ, OLGA M 11880 SW 40 ST. SUITE 216 11880 SW 40 ST. SUITE 405 Address: Address:

City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33175

( ) Delete Title: V-PD Title: V-PD (X) Change ( ) Addition

Name: YANES, AISBYL Name: YANES, AISBYL

11880 SW 40 ST. SUITE 216 Address: 11880 SW 40 ST. SUITE 405 Address:

MIAMI, FL 33175 MIAMI, FL 33175 City-St-Zip: City-St-Zip:

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

Name: CARY, TANIA Name:

11880 SW 40 STREET, SUITE # 405 Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33175

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: OLGA MAGDA PEREZ PD 03/11/2009