2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034669

Entity Name: OLGA M. LAMERAN, P.A.

7900 HARBOR ISLAND DRIVE

NORTH BAY VILLAGE, FL 33141

Address:

City-St-Zip:

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5255 COLLINS AVENUE STE 11G MIAMI BEACH, FL 33140 **New Mailing Address: Current Mailing Address:** 5255 COLLINS AVENUE STE 11G MIAMI BEACH, FL 33140 FEI Number: 59-1405772 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: LAMERAN, OLGA M 5255 COLLINS AVE. STE 11G MIAMI BEACH, FL 33140 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition LAMERAN, OLGA M Name: Name: 5255 COLLINS AVENUE, 11G Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: () Delete Title: VD Title: (X) Change () Addition HURTADO, ADRIANA Name: Name: HURTADO, ADRIANA

Address:

City-St-Zip:

7900 HARBOR ISLAND DRIVE PH3

NORTH BAY VILLAGE, FL 33141

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 M. LAMERAN DIRE 02/12/2009