

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096156

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** PARLADE & SCHAEFER, CPAS, P.A.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1282046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARLADE, JAIME L  
2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARLADE, JAIME L CPA  
Address: 13040 SW 70TH AVE  
City-St-Zip: PINECREST, FL 33156

Title: VD  
Name: SCHAEFER, JUSTIN A  
Address: 4760 BAY POINT ROAD  
City-St-Zip: MIAMI, FL 33137

Title: ST  
Name: PARLADE, JULIE  
Address: 13040 SW 70TH AVE  
City-St-Zip: PINECREST, FL 33156

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: JUSTIN SCHAEFER

VD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date