

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000002295

Entity Name: TODD A. MOLL, C.F.A., P.A.

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

515 E LAS OLAS BLVD  
15TH FLOOR  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

515 E LAS OLAS BLVD  
15TH FLOOR  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-2430321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOLL, TODD A  
515 E LAS OLAS BLVD  
15TH FLOOR  
FT LAUDERDALE, FL 33301 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: PRES  
Name: MOLL, TODD A  
Address: 515 EAST LAS OLAS BOULEVARD, 15TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: TODD MOLL

RA

01/31/2011

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

\_\_\_\_\_  
Date