

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012387

Entity Name: LAWRENCE M. SIFF, P.A.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

4801 SOUTH UNIVERSITY DR, SUITE 3100
DAVIE, FL 33328

New Principal Place of Business:

8551 WEST SUNRISE BOULEVARD
SUITE 300
PLANTATION, FL 33322

Current Mailing Address:

4801 SOUTH UNIVERSITY DR, SUITE 3100
DAVIE, FL 33328

New Mailing Address:

8551 WEST SUNRISE BOULEVARD
SUITE 300
PLANTATION, FL 33322

FEI Number: 20-2183384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIFF, LAWRENCE M
4801 SOUTH UNIVERSITY DRIVE
SUITE 3100
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

SIFF, LAWRENCE M
8551 WEST SUNRISE BOULEVARD
SUITE 300
PLANTATION, FL 33322 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIFF, LAWRENCE M
Address: 4801 SOUTH UNIVERSITY DR, SUITE 3100
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIFF, LAWRENCE M
Address: 8551 WEST SUNRISE BOULEVARD, SUITE 300
City-St-Zip: PLANTATION, FL 33322

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: LAWRENCE M. SIFF

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date