## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000014983

CORAL GABLES, FL 33146

City-St-Zip:

Entity Name: BELINDA SIME, P.A.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 505 LUENGA AVE CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 6000 RIVIERA AVE. CORAL GABLES, FL 33146 FEI Number: 20-2252070 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: DIAZ, LUIS 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 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: DPST () Delete Title: () Change () Addition Name: SIME, BELINDA Name: 505 LUENGA AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: SIME, SCOTT K Name: 505 LUENGA AVE Address: Address:

City-St-Zip:

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: BELINDA SIME DPST 04/28/2009