2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P05000043502

Entity Name: ALEJANDRO GABRIEL CHERNICOFF, P.A.

Current Principal Place of Business:

2250 NW 136 AVENUE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

511 SE 5TH AVENUE, #2514
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

11630 SW 2 ST, #108
PEMBROKE PINES, FL 33025 US

FEI Number: 20-2579813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERNICOFF, ALEJANDRO G
511 SE 5TH AVENUE, #2514
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

CHERNICOFF, ALEJANDRO G
11630 SW 2 ST, #108
PEMBROKE PINES, FL 33025 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHERNICOFF, ALEJANDRO G
Address: 511 SE 5TH AVENUE, #2514
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: VP ( ) Delete
Name: CHERNICOFF, LAURA E
Address: 511 SE 5TH AVENUE, #2514
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHERNICOFF, ALEJANDRO G
Address: 11630 SW 2 ST, #108
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP (X) Change ( ) Addition
Name: CHERNICOFF, LAURA E
Address: 11630 SW 2 ST, #108
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: ALEJANDRO G. CHERNICOFF P 03/24/2009
Electronic Signature of Signing Officer or Director — Date