

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000043502

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**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:**

12970 NW 18TH CT  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

15129 NW 7TH STREET  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

12970 NW 18TH CT  
PEMBROKE PINES, FL 33028 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  
15129 NW 7TH STREET  
PEMBROKE PINES, FL 33028 US

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

CHERNICOFF, ALEJANDRO G  
12970 NW 18TH CT  
PEMBROKE PINES, FL 33028 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:**

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHERNICOFF, ALEJANDRO G  
**Address:** 12970 NW 18TH CT  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** VP  
**Name:** CHERNICOFF, LAURA E  
**Address:** 15129 NW 7TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028 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:** ALEJANDRO G. CHERNICOFF

P

02/15/2011

Electronic Signature of Signing Officer or Director

Date