

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074878

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** CARRIE A. TURNER, P.A.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
SUITE 220  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

28 WEST FLAGLER STREET  
SUITE 1001  
MIAMI, FL 33130

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE  
SUITE 220  
MIAMI LAKES, FL 33014

**New Mailing Address:**

28 WEST FLAGLER STREET  
SUITE 1001  
MIAMI, FL 33130

**FEI Number:** 20-2892790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER-KRZYZANIAK, CARRIE A ESQ  
6625 MIAMI LAKES DRIVE  
SUITE 220  
MIAMI LAKES, FL 33014 US

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

TURNER-KRZYZANIAK, CARRIE A ESQ  
28 WEST FLAGLER STREET  
SUITE 1001  
MIAMI, FL 33130 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: \_\_\_\_\_

04/02/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TURNER-KRZYZANIAK, CARRIE A ESQ  
Address: 6625 MIAMI LAKES DR., STE 220  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: TURNER-KRZYZANIAK, CARRIE A ESQ  
Address: 28 WEST FLAGLER STREET, STE 1001  
City-St-Zip: MIAMI, FL 33130

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: CARRIE A. TURNER-KRZYZANIAK

PST

04/02/2009

Electronic Signature of Signing Officer or Director

Date