

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131444

FILED  
May 11, 2008  
Secretary of State

Entity Name: ALEXANDRA SAGALOVSKY, PA

## Current Principal Place of Business:

18100 W. DIXIE HWY  
STE 204  
NORTH MIAMI BEACH, FL 33160 US

## Current Mailing Address:

18100 W. DIXIE HWY  
STE 204  
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-3582180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAGALOVSKY, ALEXANDRA  
19380 COLLINS AVE  
APT 1126  
MIAMI, FL 33160 US

## New Principal Place of Business:

3363 NE 163RD STREET  
SUITE 709  
NORTH MIAMI BEACH, FL 33160 US

## New Mailing Address:

3363 NE 163RD STREET, SUITE 709  
STE 204  
NORTH MIAMI BEACH, FL 33160 US

## Name and Address of New Registered Agent:

SAGALOVSKY, ALEXANDRA  
3363 NE 163RD STREET  
SUITE 709  
NORTH MIAMI BEACH, FL 33160 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: AL

05/11/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAGALOVSKY, ALEXANDRA  
Address: 19380 COLLINS AVE, APT 1126  
City-St-Zip: MIAMI, FL 33160 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SAGALOVSKY, ALEXANDRA  
Address: 17201 COLLINS AVENUE, # 3805  
City-St-Zip: MIAMI, FL 33160 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: AL

P

05/11/2008

Electronic Signature of Signing Officer or Director

Date