## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000022489

Entity Name: NONA KALFAYAN, P. A.

POMPANO BEACH, FL 33062 US

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

|                                             |                                           | \L                                                         |                                               |                                              |  |
|---------------------------------------------|-------------------------------------------|------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business:        |                                           |                                                            | New Principal Place of                        | New Principal Place of Business:             |  |
|                                             | ITH FEDERAL<br>O BEACH, FL                |                                                            |                                               |                                              |  |
| Current N                                   | lailing Addres                            | ss:                                                        | New Mailing Address                           | New Mailing Address:                         |  |
|                                             | ITH FEDERAL<br>O BEACH, FL                |                                                            |                                               |                                              |  |
| FEI Number                                  | : 27-0139236                              | FEI Number Applied For ( )                                 | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and                                    | d Address of (                            | Current Registered Agent:                                  | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| 1296 SOU                                    | N, NONA O.D<br>ITH FEDERAL<br>O BEACH, FL | HIGHWAY                                                    |                                               |                                              |  |
|                                             | e named entity<br>e of Florida.           | submits this statement for the                             | e purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUI                                    | RE:                                       |                                                            |                                               |                                              |  |
|                                             | Electro                                   | nic Signature of Registered A                              | Agent                                         | Date                                         |  |
| Election Ca                                 | mpaign Financin                           | g Trust Fund Contribution ( ).                             |                                               |                                              |  |
| OFFICER                                     | S AND DIREC                               | TORS:                                                      | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | KALFAYAN, N<br>1296 SOUTH F               | ) Delete<br>DNA O.D.<br>EDERAL HIGHWAY<br>ACH, FL 33062 US | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change()Addition                         |  |
| Title:<br>Name:<br>Address:                 | KALFAYAN, HA                              | ) Delete<br>AGOP J LDO<br>FDERAL HIGHWAY                   | Title: (<br>Name:<br>Address                  | ()Change ()Addition                          |  |

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: NONA KALFAYAN PSD 04/28/2009