## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006202

PLANTATION, FL 33324

Entity Name: THE LAW OFFICE OF ROSALIND R. GRIFFIE, P.A.

FILED May 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

950 S PINE ISLAND RD 125 SOUTH STATE RD 7

104-336 A-150

PLANTATION, FL 33324 WEST PALM BEACH, FL 33414

**Current Mailing Address: New Mailing Address:** 

950 S PINE ISLAND RD 125 SOUTH STATE RD 7 A-150

104-336

WEST PALM BEACH, FL 33414

FEI Number: 26-1170931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GRIFFIE, ROSALIND GRIFFIE, ROSALIND 950 S PINE ISLAND RD 125 SOUTH STATE RD 7 SUITE A-150 SUITE 104-336

PLANTATION, FL 33324 US WEST PALM BEACH, FL 33414 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: ROSALIND R. GRIFFIE 05/02/2008

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

Title: ( ) Delete Title: (X) Change ( ) Addition

GRIFFIE, ROSALIND R GRIFFIE, ROSALIND R Name: Name:

950 S PINE ISLAND RD, SUITE A-150 Address: 125 SOUTH STATE RD 7, SUITE 104-336 Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: WEST PALM BEACH, FL 33414

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: ROSALIND R. GRIFFIE **PST** 05/02/2008