

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050284

FILED
Mar 11, 2009
Secretary of State

Entity Name: TOMAS KUCERA, P.A.

Current Principal Place of Business:

1909 SW 27TH AVENUE
C/O LAW OFFICE OF ALEJANDRO ZALDIVAR, PA
MIAMI, FL 33145

New Principal Place of Business:

19 WEST FLAGLER STREET
SUITE 720
MIAMI, FL 33130

Current Mailing Address:

1909 SW 27TH AVENUE
C/O LAW OFFICE OF ALEJANDRO ZALDIVAR, PA
MIAMI, FL 33145

New Mailing Address:

PO BOX 3032
HALLANDALE, FL 33008

FEI Number: 26-0219011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZALDIVAR, ALEJANDRO ESQ.
1909 SW 27TH AVENUE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

TOMAS, KUCERA ESQ.
19 WEST FLAGLER STREET
SUITE 720
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: TOMAS KUCERA

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUCERA, TOMAS
Address: P.O. BOX 3032
City-St-Zip: HALLANDALE, FL 33008

Title: DIR () Delete
Name: KUCERA, TOMAS
Address: P.O. BOX 3032
City-St-Zip: HALLANDALE, FL 33008

Title: SEC () Delete
Name: KUCERA, TOMAS
Address: P.O. BOX 3032
City-St-Zip: HALLANDALE, FL 33008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TOMAS KUCERA

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date