2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132389

Entity Name: BEATRIZ ZYNE, P.A.

FILED Feb 18, 2009 Secretary of State

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

12470 SW 95 TERRACE 4000 PONCE DE LEON BLVD. MIAMI, FL 33186 US

SUITE 470

CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

12470 SW 95 TERRACE 4000 PONCE DE LEON BLVD.

MIAMI, FL 33186 SUITE 470

CORAL GABLES, FL 33146 US

FEI Number: 80-0157332 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:

ZYNE, BEATRIZ 12470 SW 95 TERRACE MIAMI, FL 33186

ZYNE, BEATRIZ 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146 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: 02/18/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ZYNE, BEATRIZ ZYNE, BEATRIZ Name: Name:

12470 SW 95 TERRACE Address: 4000 PONCE DE LEON BLVD. Address: City-St-Zip: MIAMI, FL 33186 US City-St-Zip: CORAL GABLES, FL 33146 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: BEATRIZ ZYNE **PRES** 02/18/2009