

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004053

Entity Name: CHMIELARZ & SMITH PA

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

5803 NW 151 STREET
STE 200A
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5803 NW 151 STREET
STE 200A
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 26-1760871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHMIELARZ, MINDY
5803 NW 151 STREET
STE 200A
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHMIELARZ, MINDY
Address: 5803 NW 151 STREET, STE 200A
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S/T () Delete
Name: SMITH, MAGGIE
Address: 690 SW 1 COURT #2313
City-St-Zip: MIAMI, FL 33130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: SMITH, MAGGIE
Address: 5803 NW 151 STREET, STE 200A
City-St-Zip: MIAMI LAKES, FL 33014 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: MINDY CHMIELARZ

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date