

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041339

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ARMPRIESTER, STEINBERG & CAMILLERI, P.A.

## Current Principal Place of Business:

401 FAIRWAY DR SUITE 104  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

20826 PEBBLE CREEK COURT  
BOCA RATON, FL 33498

## Current Mailing Address:

401 FAIRWAY DR SUITE 104  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

P.O. BOX 970814  
BOCA RATON, FL 33497

FEI Number: 26-2690037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

## Name and Address of New Registered Agent:

ARMPRIESTER, JACOB  
20826 PEBBLE CREEK COURT  
BOCA RATON, FL 33498 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: JACOB ARMPRIESTER

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARMPRIESTER, JACOB A  
Address: 401 FAIRWAY DR SUITE 104  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D (X) Delete  
Name: STEINBERG, ABBY L  
Address: 401 FAIRWAY DR SUITE 104  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: CAMILLERI, MICHAEL  
Address: 401 FAIRWAY DR SUITE 104  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ARMPRIESTER, JACOB A  
Address: P.O. BOX 970814  
City-St-Zip: BOCA RATON, FL 33497

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

Title: D (X) Change ( ) Addition  
Name: CAMILLERI, MICHAEL  
Address: 55 NE 5TH AVENUE #502  
City-St-Zip: BOCA RATON, FL 33432

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: JACOB ARMPRIESTER

OD

04/28/2009

Electronic Signature of Signing Officer or Director

Date