

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087574

FILED
Jan 22, 2009
Secretary of State

Entity Name: LAW OFFICES OF MICHELE SAMAROO, P.A.

Current Principal Place of Business:

1800 SANS SOUCI BLVD.,#325
NORTH MIAMI, FL 33181

New Principal Place of Business:

12550 BISCAYNE BOULEVARD
SUITE 500
NORTH MIAMI, FL 33181

Current Mailing Address:

1800 SANS SOUCI BLVD.,#325
NORTH MIAMI, FL 33181

New Mailing Address:

12550 BISCAYNE BOULEVARD
SUITE 500
NORTH MIAMI, FL 33181

FEI Number: 26-3441606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMAROO, MICHELE
1800 SANS SOUCI BLVD.,#325
NORTH MIAMI, FL 33181 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: SAMAROO, MICHEL
Address: 1800 SANS SOUCI BLVD.,#325
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAMAROO, MICHELE
Address: 1800 SANS SOUCI BLVD.,#325
City-St-Zip: NORTH MIAMI, FL 33181

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: MICHELE SAMAROO

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date