

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073740

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** EDELSON-KAYNE CONSULTING CORPORATION

**Current Principal Place of Business:**

21150 POINT PLACE  
APT 1102  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21150 POINT PLACE  
APT 1102  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 45-3029013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDELSON-KAYNE, ROBERTA  
21150 POINT PLACE  
APT 1102  
AVENTURA, FL 33180 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDELSON-KAYNE, ROBERTA  
Address: 21150 POINT PLACE APT 1102  
City-St-Zip: AVENTURA, FL 33180

Title: T  
Name: EDELSON-KAYNE, LARRY  
Address: 21150 POINT PLACE APT 1102  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: LARRY EDELSON-KAYNE

T

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date