

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084133

FILED
Feb 06, 2009
Secretary of State

Entity Name: RODRIGUEZ, ARONSON, ESSINGTON & ROSS, P.A.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
730
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
730
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0454855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARONSON, JONATHAN
2121 PONCE DE LEON BLVD
#730
CORAL GABLES, FL 33134 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: DP () Delete
Name: RODRIGUEZ, DOMINGO
Address: 2121 PONCE DE LEON BLVD #730
City-St-Zip: CORAL GABLE, FL 33134

Title: DVST () Delete
Name: ARONSON, JONATHAN
Address: 2121 PONCE DE LEON BLVD #730
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ESSINGTON, MICHAEL
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ESSINGTON, MICHAEL
Address: 2121 PONCE DE LEON BLVD #730
City-St-Zip: MIAMI, FL 33134

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: JONATHAN ARONSON

DVST

02/06/2009

Electronic Signature of Signing Officer or Director

Date