2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008
Secretary of State

DOCUMENT# P94000070832

Entity Name: KLASKIN, KUSHNER & COMPANY, INC.

Current Principal Place of Business:

3399 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2601 SOUTH BAYSHORE DR
SUITE 630
MIAMI, FL 33133 US

Current Mailing Address:

PO BOX 144132
MIAMI, FL 33114 US

New Mailing Address:

FEI Number: 65-0540164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLASKIN, STUART A
832 MAJORCA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KLASKIN, STUART A
2601 SOUTH BAYSHORE DR
SUITE 630
MIAMI, FL 33133 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: STUART A. KLASKIN 07/28/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUSHNER, ARTHUR M
Address: 1414 TANGIER ST
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD ( ) Delete
Name: KLASKIN, STUART A
Address: 832 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change ( ) Addition
Name: KLASKIN, STUART A
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

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: STUART A. KLASKIN VSD 07/28/2008
Electronic Signature of Signing Officer or Director Date