## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000009379

ROBINS, STACY

230 FIFTH STREET

MIAMI BEACH, FL 33139

Name:

Address: City-St-Zip:

Entity Name: 1244 PENN ASSOCIATES, INC.

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1632 PENNSYLVANIA AVE 1244 PENNSYLVANIA AVE MIAMI, FL 33139 MIAMI, FL 33139 **Current Mailing Address: New Mailing Address:** 1632 PENNSYLVANIA AVE 1300 COLLINS AVENUE MIAMI, FL 33139 SUITE 100 MIAMI, FL 33139 FEI Number: 65-0578913 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINS, CRAIG 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROBINS, CRAIG Name: Name: 1632 PENNSYLVANIA AVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: SCHLESSER, MELVYN Name: 1300 COLLINS AVE 100 Address: Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: Title: **VPST** Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELVYN SCHLESSER VP 03/24/2009