

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025318

FILED
Jul 10, 2008
Secretary of State

Entity Name: SONN AND ASSOCIATES, P.A.

Current Principal Place of Business:

BROWARD FINANCIAL CENTER
1600
FT LAUDERDALE, FL 33394 US

Current Mailing Address:

BROWARD FINANCIAL CENTER SUITE 1600
FORT LAUDERDALE, FL 33394

New Principal Place of Business:

BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FT LAUDERDALE, FL 33394 US

New Mailing Address:

BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FT LAUDERDALE, FL 33394 US

FEI Number: 65-0569514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONN, JEFFREY
BROWARD FINANCIAL PLAZA
1600
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

SONN, JEFFREY
BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FT LAUDERDALE, FL 33394 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:

07/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SONN, JEFFREY
Address: BROWARD FINANCIAL CENTER SUITE 1600
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: DVP () Delete
Name: SONN, TERRI G
Address: BROWARD FINANCIAL CENTER, SUITE 1600
City-St-Zip: FORT LAUDERDALE, FL 33394

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JEFFREY R. SONN, ESQ.

DPS

07/10/2008

Electronic Signature of Signing Officer or Director

Date