

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004697

Entity Name: CHERI ASHER, P.A.

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

3300 [PALM AIRE DR N  
#509  
POMPANO BEACH, FL 33069

## Current Mailing Address:

3300 [PALM AIRE DR N  
#509  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

3300 PALM AIRE DR N  
#509  
POMPANO BEACH, FL 33069

## New Mailing Address:

3300 PALM AIRE DR N  
#509  
POMPANO BEACH, FL 33069

FEI Number: 65-0636334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASHER, CHERYL F  
3300 PALM AIRE DR N  
#509  
POMPANO BEACH, FL 33069 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: P ( ) Delete  
Name: ASHER, CHERYL F  
Address: 3300 PALM AIRE DR. N #509  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition  
Name: ASHER, CHERYL F  
Address: 3300 PALM AIRE DR. N #509  
City-St-Zip: POMPANO BEACH, FL 33069

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: CHERYL F. ASHER

MS.

03/01/2009

Electronic Signature of Signing Officer or Director

Date