

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083333

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: DOLAN & ESCALONA, P.A.

## Current Principal Place of Business:

2780 S. DOUGLAS RD.  
STE. 207  
MIAMI, FL 33145 US

## New Principal Place of Business:

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2780 S. DOUGLAS RD.  
STE. 207  
MIAMI, FL 33145 US

## New Mailing Address:

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

FEI Number: 65-0701383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCALONA, GRACE  
999 PONCE DE LEON BLVD  
#1110  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

ESCALONA, GRACE  
312 MINORCA AVENUE  
#1110  
CORAL GABLES, FL 33134 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete  
Name: DOLAN, SUSAN  
Address: 2780 S. DOUGLAS RD. STE. 207  
City-St-Zip: MIAMI, FL 33133

Title: DT ( ) Delete  
Name: ESCALONA, GRACE  
Address: 2780 S. DOUGLAS RD., STE. 207  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition  
Name: ESCALONA, GRACE  
Address: 312 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, 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: GRACE ESCALONA

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date