

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005480

FILED
Apr 30, 2009
Secretary of State

Entity Name: PATRICIA ANN AMBROSE AND FRANK A. AMBROSE, P.A.

Current Principal Place of Business:

17205 SW 292 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P O BOX 901522
HOMESTEAD, FL 330901522

New Mailing Address:

FEI Number: 65-0726462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, PATRICIA A
17205 SW 292 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

AMBROSE, MICHAEL J
19 N.W. SOUTH RIVER DRIVE
MIAMI, FL 33128 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: MICHAEL J. AMBROSE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMBROSE, PATRICIA A
Address: 17205 SW 29TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: AMBROSE, FRANK A
Address: 17205 SW 292ND ST
City-St-Zip: HOMESTEAD, FL 33030

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMBROSE, PATRICIA A
Address: 17205 SW 29TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change () Addition
Name: AMBROSE, SAMUEL S
Address: 811 N.W. 73RD AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: S () Change (X) Addition
Name: AMBROSE, CRISTINA M
Address: 17205 S.W. 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

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: PATRICIA A. AMBROSE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date