## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007023

Entity Name: RICHARD DUARTE, P.A.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

355 PALERMO AVE. 4000 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 LIS

SUITE 470

CORAL GABLES, FL 33146

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 565425 MIAMI, FL 332565425

FEI Number: 65-0731849 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:

DUARTE, RICHARD DUARTE, RICHARD 4000 PONCE DE LEON BLVD. 355 PALÉRMO AVENUE CORAL GABLES, FL 33134 US SUITE 470

CORAL GABLES, FL 33146 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: RICHARD DUARTE 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

DUARTE, RICHARD DUARTE, RICHARD Name: Name:

355 PALERMO AVENUE Address: 4000 PONCE DE LEON BLVD., SUITE 470 Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33146

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: RICHARD DUARTE **PRES** 04/27/2009

Electronic Signature of Signing Officer or Director

Date