

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000096175

Entity Name: ROBERT N. PELIER, P.A.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

ROBERT N. PELIER ATTORNEY & COUNSELOR  
4649 PONCE DE LEON BLVD SUITE 305  
CORAL GABLES, FL 33146

## **New Principal Place of Business:**

## **Current Mailing Address:**

ROBERT N. PELIER ATTORNEY & COUNSELOR  
4649 PONCE DE LEON BLVD SUITE 305  
CORAL GABLES, FL 33146

## **New Mailing Address:**

FEI Number: 65-0797735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PELIER, ROBERT N  
1431 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: STPV  
Name: PELIER, ROBERT N  
Address: 4649 PONCE DE LEON BLVD SUITE 305  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: ROBERT N PELIER

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date