

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096175

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

FILED  
Mar 29, 2012  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

ROBERT N. PELIER ATTORNEY & COUNSELOR  
4649 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33146

## New Mailing Address:

ROBERT N. PELIER ATTORNEY & COUNSELOR  
4649 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33146

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:

PELIER, ROBERT N  
4649 PONCE DE LEON BLVD  
SUITE 301  
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: ROBERT N. PELIER

03/29/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: STPV  
Name: PELIER, ROBERT N  
Address: 4649 PONCE DE LEON BLVD SUITE 301  
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

OWNE

03/29/2012

Electronic Signature of Signing Officer or Director

Date