

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107526

Entity Name: MITCHEL D. GARFINKEL, P.A.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6901 SW 18 STREET  
E 202  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6901 SW 18 STREET  
E 202  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 65-0816194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARFINKEL, MITCHELL  
6901 SW 18 STREET  
SUITE E 202  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

GARFINKEL, MITCHELL  
6901 SW 18 STREET  
SUITE E202  
BOCA RATON, FL 33433 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:

Electronic Signature of Registered Agent

02/11/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GARFINKEL, MITCHEL D  
Address: 6901 SW 18 STREET, #E202  
City-St-Zip: BOCA RATON, FL 33433

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: MITCHEL D GARFINKEL

PRES

02/11/2011

Electronic Signature of Signing Officer or Director

Date