2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P98000000245

Entity Name: JACOB J. GIVNER, P.A.

Current Principal Place of Business:

18305 BISCAYNE BLVD, STE 402
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18305 BISCAYNE BLVD, STE 402
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: 65-0802839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIVNER, JACOB J
2999 NE 191ST STREET
SUITE 700
AVENTURA, FL 33154 US

Name and Address of New Registered Agent:

GIVNER, JACOB J
18305 BISCAYNE BLVD.
SUITE 402
AVENTURA, FL 33160 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GIVNER, JACOB J
Address: 2999 NE 191ST STREET - SUITE 700
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GIVNER, JACOB J
Address: 18305 BISCAYNE BLVD. SUITE 402
City-St-Zip: AVENTURA, FL 33160 US

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: MICHELLE M. CASARES OM 03/24/2009
Electronic Signature of Signing Officer or Director — Date