

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027683

Entity Name: JOEL J. KARP, P.A.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE O-303
MIAMI, FL 33131

Current Mailing Address:

520 BRICKELL KEY DRIVE
SUITE O-303
MIAMI, FL 33131

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131

New Mailing Address:

1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131

FEI Number: 65-0829684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARP, JOEL J ESQ
520 BRICKELL KEY DRIVE
SUITE O-303
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KARP, JOEL J ESQ
1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KARP, JOEL J ESQ
Address: 520 BRICKELL KEY DRIVE SUITE O-303
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: KARP, DOLORES B
Address: 520 BRICKELL KEY DRIVE SUITE O-303
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KARP, JOEL J ESQ
Address: 1001 BRICKELL BAY DRIVE SUITE 3112
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: KARP, DOLORES B
Address: 1001 BRICKELL BAY DRIVE SUITE 3112
City-St-Zip: MIAMI, FL 33131

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: JOEL J. KARP

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date