2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060178

Address:

City-St-Zip:

PO BOX 190649

MIAMI BEACH, FL 33119

Entity Name: P. ALEXIS ZDANOW, P.A.

FILED Jan 15, 2009 Secretary of State

| Current Principal | Place of Business: | New Principal Place | New Principal Place of Business: | |
|--|----------------------------------|---|--|--|
| 1622 PENNSYLVAN 204 MIAMI BEACH, FL | | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX 190649 MIAMI BEACH, FL | 33119 | | | |
| FEI Number: 65-08483 | FEI Number Applied For (|) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address | of Current Registered Age | nt: Name and Address | Name and Address of New Registered Agent: | |
| ZDANOW, P. ALEX 1622 PENNSYLVAN 204 MIAMI BEACH, FL | NIA AVENUE | | | |
| The above named e | | r the purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Ele | ectronic Signature of Registere | ed Agent | Date | |
| Election Campaign Fin | ancing Trust Fund Contribution (|). | | |
| OFFICERS AND D | RECTORS: | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: PD Name: ZDANOV | ()Delete /, P. ALEXIS | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

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: P. ALEXIS ZDANOW PD 01/15/2009