

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004593

Entity Name: OSAFER LEGAIR, PA

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

PEMBROKE PINES  
304B  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

1601 N PALM AVE  
#304B (SUITE)  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 65-0887431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGAIR, OSAFER  
9700 S.W. 16TH ST.  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

LEGAIR, OSAFER  
1601 N. PALM AVENUE  
# 304 B  
PEMBROKE PINES, FL 33026 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: OSAFER LEGAIR

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LEGAIR, OSAFER  
Address: 1601 NORTH PALM AVENUE #304 A-B  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: LEGAIR, OSAFER  
Address: 9700 S.W. 16TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEGAIR, OSAFER  
Address: 1601 N. PALM AVENUE, SUITE 304 B  
City-St-Zip: PEMBROKE PINES, FL 33026

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: OSAFER LEGAIR

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date