

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023543

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MARIO LOAIZA & ASSOCIATES, INC.

## Current Principal Place of Business:

6331 SEDGEWYCK CIR W  
DAVIE, FL 33331 US

## New Principal Place of Business:

## Current Mailing Address:

4581 WESTON ROAD  
303  
DAVIE, FL 33331 US

## New Mailing Address:

4581 WESTON ROAD  
303  
WESTON, FL 33331 US

FEI Number: 65-0903184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOAIZA, MARIO G  
6331 SEDGEWICK CIRCLE WEST  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LOAIZA, MARIO G  
Address: 6331 SEDGEWICK CIRCE WEST  
City-St-Zip: DAVIE, FL 33331

Title: VP (X) Delete  
Name: LOAIZA, VIOLETA C  
Address: 6331 SEDGEWICK CIRCE WEST  
City-St-Zip: DAVIE, FL 33331

Title: S (X) Delete  
Name: LOAIZA, MARIO E  
Address: 6331 SEDGEWYCK CIRCLE WEST  
City-St-Zip: DAVIE, FL 33331

Title: TREA (X) Delete  
Name: LOAIZA, JENNIFER  
Address: 6331 SEDGEWYCK CIRCLE WEST  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
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: MARIO G. LOAIZA

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date