2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080067

Address:

City-St-Zip:

633 NE 167 ST. STE 501

MIAMI, FL 33162

Entity Name: GERARDIN & SOCOL, P.A

FILED Mar 11, 2008 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
633 N.E. 167 STREET, STE 501 NO. MIAMI BEACH, FL 33162			633 N.E. 167 STREET STE 501		
NO. MIAM	I BEACH, FL	33162	NO. MIAMI BEACH, FL	. 33162	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
633 N.E. 167 STREET,STE 501 NO. MIAMI BEACH, FL 33162			633 N.E. 167 STREET STE 501 NO. MIAMI BEACH, FL	. 33162	
FEI Number:	: 65-0956472	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
633 N.E. 1	N, KARIN S 67 STREET,S I BEACH, FL	TE 501 33162 US	GERARDIN, KARIN S 633 N.E. 167 STREET STE 501 NO. MIAMI BEACH, FL	633 N.E. 167 STREET	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			03/11/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GERARDIN, KA 633 NE 167 ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GERARDIN, KA 633 NE 167 ST		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (SOCOL, FERN) Delete IANDO M	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KARIN S. GERARDIN **PRES** 03/11/2008