

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16908

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: LAWSURE PUBLICATIONS CORPORATION

**Current Principal Place of Business:**

1200 N FEDERAL HWY  
SUITE 209  
BOCA RATON, FL 334322845

**New Principal Place of Business:**

**Current Mailing Address:**

1200 N FEDERAL HWY  
SUITE 209  
BOCA RATON, FL 334322845

**New Mailing Address:**

FEI Number: 65-0265782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LESNICK, IRVING I  
1200 N FEDERAL HWY  
SUITE 209  
BOCA RATON, FL 334322845 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: VSD ( ) Delete  
Name: LESNICK, IRVING I.,  
Address: 150 E. PALMETTO PK. RD., #500  
City-St-Zip: BOCA RATON, FL 33432

Title: DP ( ) Delete  
Name: HARNETT, BERTRM,  
Address: 150 E. PALMETTO PK. RD., #500  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VSD (X) Change ( ) Addition  
Name: LESNICK, IRVING I.,  
Address: 1200 N. FEDERAL HWY, SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

Title: DP (X) Change ( ) Addition  
Name: HARNETT, BERTRM,  
Address: 1200 N. FEDERAL HWY, SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

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: IRVING I. LESNICK

VSD

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date