

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22966

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: KAPLAN AND MILLER, P.A.

## Current Principal Place of Business:

999 PONCE DE LEON BLVD  
SUITE 20  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

999 PONCE DE LEON BLVD  
SUITE 20  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

999 PONCE DE LEON BLVD  
SUITE 555  
CORAL GABLES, FL 33134 US

## New Mailing Address:

999 PONCE DE LEON BLVD  
SUITE 555  
CORAL GABLES, FL 33134 US

FEI Number: 65-0239390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPLAN, ELI  
999 PONCE DE LEON BLVD, STE 20  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

KAPLAN, ELI  
999 PONCE DE LEON BLVD, STE 555  
CORAL GABLES, FL 33134 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: ELI KAPLAN

02/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: MILLER, STEVEN L  
Address: 999 PONCE DE LEON BLVD. SUITE 555  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: KAPLAN, ELI  
Address: 999 PONCE DE LEON BLVD., SUITE 555  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ELI KAPLAN

D

02/16/2010

Electronic Signature of Signing Officer or Director

Date